

GOD'S VISION: AcuWHOLENESS FOR ALL!

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by

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ABSTRACT

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In the wake of recent American political events, my own burnout, and the rage sweeping our country, I turned to the Doctor of Ministry in Spiritual Renewal, Contemplative Practice, and Strategic Leadership program at Claremont School of Theology, in search of God’s vision for the Third Act of my life. During the last 35 years, I have moved within the two separate but parallel professional worlds of medicine and ministry yearning to weave the two into one whole-person approach to healing and wellness. To be sure, a transformation is underway, one might exclaim “Integrative Wholeness is close at hand.” AcuWholeness, in my view, is a core component.

Deep passion, for me, ignites within the personal. Rooted in an appraisal of my own brokenness and requisite healing, I am rendered a renewed Medicine-Priest. I am emerging from the fire, walking the Red Road, emboldened by a theology of wellness that insists I do for others what has been done for me. Reexamination of the “whole-person approach to wellness” anticipated by Lutheran Pastor Granger Westberg nearly 60 years ago, provides the threads to braid a new framework for extending healing, wholeness, and wellness to our congregations and communities: faith community nursing.

While knee-high, my paternal grandmother told me about “thorn-puncture,” a medicine used by my ancestors for 12 thousand years imparting healing, wholeness, and wellbeing. The story of a grassroots movement from South Bronx, NY during the 1960’s

utilizing this medicine to combat the deadly effects of heroin addiction is opportune in today's opioid epidemic. National Acupuncture Detoxification Association (NADA) has developed an auricular acupuncture protocol employed at disaster epicenters, for example at "9/11/2001" in New York City, 2005 with Katrina, and 2018 at the Arizona border when children were separated from their migrant parents; utilized with breast cancer patients and veterans living with chronic pain; successful with burnout and compassion fatigue; effective with acute and chronic disorders; and invaluable with maintenance of wellbeing. A research clinical study conducted over time at my office solidified auricular acupuncture as an integral remedy in my work as a healer.

The God of many names, of no names, and beyond names weeps for our rage, disease, and human brokenness. She is eager to midwife healing, wholeness, and wellness: at work using *our* eyes, ears, hands, and feet. To this end, I commit the third and last act of my earthly life:

Holy, I offer myself to You to remake and do as You wish. Resolve all my difficulties that victory over them will bear witness to Your Power, Way, and Love. Relieve me of the bondage of self that I might do Your will. May I always do Your will. I ask for the happy, joyous, free way You have for me today. I ask to want Your will, know Your will, do Your will one day at a time. I ask for healing of all my relations.

DEDICATION

*To those who fell asleep in prison,
and dream of wholeness.*

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Chapter 1: My Third ACT: AcuWholeness.

In the sense of theology that liberates, the soul that is united with God sees the world with God's eyes. That soul, like God, sees what otherwise is rendered invisible and irrelevant. It hears the whimpering of starving children and does not let itself be diverted from their misery, becoming one with God in perceiving and understanding as well as in acting. . . . In liberating movements, the mystical eye sees God at work: seeing, hearing, acting, even in forms that are utterly secular. . . . Thus, what mystics call "becoming at one" is never a possession that cannot be lost. What really happens in mystical union is not a new vision of God but a different relationship to the world—one that has borrowed the eyes of God.¹

—Dorothee Sölle

GOD'S VISION

I am 65 winters old. With borrowed eyes from God, all my relations have been transformed. My soul sees what was once invisible and irrelevant, the suffering within and around me. My soul has emerged liberated to feel, hear, and see God at work: healing, renewing, making whole the broken. As I embark on the Third Act of my life (my finest),² I picture faith-based communities using auricular acupuncture to help make us whole, healthy, and maintain wellness . . . AcuWholeness.

I leaned into this Doctor of Ministry project, as instructed, with both my right and left brain woven from sacred hands. As predicted,³ this journey has thrust me forward far beyond my own capabilities. By yet another miracle, I simultaneously seized and eased into this opportunity of "advanced theological praxis." This journey of transformation has been long coming. Indeed, I have hungered for it all my life.

As with many meaningful endeavors, this expedition started with a better grasp of myself. It commenced in a jail of someone else's making. I struggled; nonetheless, the

¹ Dorothee Sölle, *The Mysticism and Resistance* (Minneapolis: Fortress Press, 2001), 283-284, 293.

² Jane Fonda, "Life's Third Act," *TED Conference*, 2011, accessed August 31, 2018, https://web.archive.org/web/20180831210122/https://www.ted.com/talks/jane_fonda_life_s_third_act/transcript.

³ Sheryl A. Kujawa-Holbrook lecture on January 19, 2018, at Claremont School of Theology.

Holy Spirit took hold of me, initiating a radical acceptance of my own sense of brokenness. As I unearthed tools for healing, a profound yearning for collective wholeness emerged. Once I was able to progress beyond my limited and imperfect self, relationships within multiple communities flourished, seemingly from nowhere. A theology of wellness encompassed my whole being. The lens of the sacred changed me. A change in relationship with myself, my community, and the sacred.

My deepest sense of myself, of my community, and of the sacred story that lives within, can be illustrated by sharing a recurring dream I have had since early childhood. Through the past 55 years, this dream has reached me in countless separate forms and with various distinctive emphases; however, the stage of prison has continuously been immensely poignant. Initially, as a young girl, I would awaken with a deep awareness of quest for self-definition and self-perception. Later, in adulthood, I awaken with a tremendous sense of kinship with the participants in my dream. Now, following deliberation of the first two acts of my life, I yearn to see God at work: seeing, hearing, acting, even in forms that are utterly secular . . . with a different relationship to the world.⁴

RECURRING DREAM

My dream begins with a darkness, both visually and emotionally. I am plagued with an oppressive, helpless feeling. Groans of agony emerge around me. As the picture in my mind becomes clearer, I see long thick metal bars in front of me. At that moment a well of anger, pain, and fear pulls at my stomach... I'm in prison, unjustly imprisoned! I pull myself up from the smelly, wet, cement floor and examine the surroundings. Unwanted sick old men, pregnant raped young girls, timid worn elderly women, starving

⁴ Sölle, *The Mysticism*, 283-284, 293.

young children, persons so diversified in race, age, sex, but so alike in the agony of their imprisonment. Cognizant of the circumstances, a presence, a tenderness, a profound warmth within me beckons attention. Hope erupts from deep within me, infusing a calm, a strength, a message assuring liberty. The others were paralyzed by fear, loneliness, helplessness, even hopelessness. Each had resigned themselves to failure. Astonished by their complacency, I was compelled to reach for God. She lent me Her eyes enabling me to see what otherwise was rendered invisible and irrelevant. Within moments we all were moved from despair to hopefulness. Energized by the mystical eye revealing Her at work: seeing, hearing, acting, even in forms that are utterly secular . . . orchestrating our liberty. I awaken asking “Did I fall asleep in prison, of all places?”⁵

EARLY ACT ONE: SHAME AND ABANDONMENT

At the early age of three, I learned the harsh lesson of shame and abandonment when my mother delivered a stillborn sister named Jean. She died at birth as a “blue baby,” a baby with a blue complexion from lack of oxygen in the blood. My mother was blood type Rh negative, my father was Rh positive. In 1953, when I was born, if a fetus of these differing Rh blood type parents was Rh positive in a Rh-negative mother the mother could die if the blood mixed, as could the fetus. The mother’s body would develop antibodies to protect her blood from that of the fetus. Her body creates an army of cells designed to reject the life-giving blood of her offspring. While in utero, my mother’s very cells rejected my blood as a danger to her survival; she built an army of immunoglobins to protect her . . . from me. We all receive our mitochondria, the

⁵ Jalāl ad-Dīn Muhammad Rūmī, “Rūmī Quotes About Prisons,” originally written September 1207 – December 1273, accessed September 2, 2018, <https://web.archive.org/web/20180902202657/https://www.azquotes.com/citation/author/12768>.

powerhouse of energy for each cell in our body, from mother. Our very energy comes from our mothers. In my case, an intrinsic personal emotional conflict was born: fear of abandonment.

These antibodies developed in the mother, if left alone, attack any subsequent fetus, in our case, my sister. In the 1960s, seven years later, Rhogam (Rho D) was developed. Rho(D) immune globulin is a medication used to prevent Rh isoimmunization in mothers who are Rh negative. To be precise, it removes the antibodies from the mother leaving her nearly as though there had been no Rh-positive fetus. In my case, Rhogam was not yet available. The family story is . . . the antibodies my mother made to protect her from my blood killed my sister.

In medical terms, during any pregnancy a small amount of the fetus' blood can enter the mother's circulation. If the mother is Rh negative and the fetus is Rh positive, the mother produces antibodies (including IgG) against the rhesus D antigen on the fetus' red blood cells. During this and subsequent pregnancies the IgG can pass through the placenta into the fetus and if the level of it is sufficient, it will cause destruction of rhesus D positive fetal red blood cells leading to the development of Rh disease. If severe enough, it may cause hydrops fetalis or stillbirth. Generally, rhesus disease becomes worse with each additional rhesus incompatible pregnancy. The main and most frequent sensitizing event is child birth (about 86% of sensitized cases), but fetal blood may pass into the maternal circulation earlier during the pregnancy (about 14% of sensitized cases).⁶ In other words, my very birth caused the death of my sister . . . so the family story goes.

⁶ Joel Bowman, "Rh-immunization During Pregnancy: Antenatal Prophylaxis," *Canadian Medical Association Journal* 118, no. 6 (1978): 627-630.

A family tale that shaped my own imprisonment: a belief I was never good enough, never deserving. “Adult Children of Alcoholics” greatly helped me unpack the powerful message I received while in utero: at a cellular level prior to my birth, my mother both gave life to me and had to reject me because I had the power to kill her as she did me.

DESERVING?

In 1973, I fell in love for the first time . . . her name was Linda, our swim coach. We and our friends were energized by Olivia Records, the first women’s music record label. It was created in 1973 by a collective of artists: Meg Christian, Cris Williamson, Holly Near, and Margie Adams. Meg Christian’s “Ode to a Gym Teacher” and Cris Williamson’s “The Changer and the Changed” indeed changed many lives. For most of us, these songs were the first we heard giving voice to our story as lesbians. “The Changer and the Changed” was one of the all-time best-selling albums on any independent label and the first LP to be entirely produced by women. The Michigan Womyn’s Music Festival was created in 1976 and became the largest festival in the United States. I have gone twice.

Psychiatry considered homosexuality to be a mental illness until 1973. Two decades earlier, Alfred Kinsey’s and colleagues’ study on male and female sexuality marked the beginning of a cultural shift away from the view of homosexuality as pathology and toward viewing it as a normal variant of human sexuality.⁷ It was a long time; however, before medicine recognized any change. Not until 1980, with DSM (Diagnostic and Statistical Manual of Mental Disorders) III, was a diagnosis of “Ego-

⁷ Alfred Kinsey, *Sexual Behavior in the Human Female* (Philadelphia: Saunders Publishing, 1953); Alfred Kinsey, *Sexual Behavior in the Human Male* (Philadelphia: Saunders Publishing, 1948).

dystonic sexual orientation (EDH)” developed. An ego-dystonic mental disorder is characterized by having a sexual orientation or an attraction that is at odds with one’s idealized self-image (or religious upbringing as to what is God’s will), causing anxiety and a desire to change one’s orientation or become more comfortable with the sexual orientation one wishes to have than the sexual orientation one possesses.⁸

During the revision process of DSM-III in the mid 1980s, EDH also engendered enormous controversy. In these debates, courageous openly gay and lesbian members of the American Psychiatric Association (APA) played a decisive role in bringing about change. Those on the APA Advisory Committee working on the revision who wanted to retain the EDH category argued that they believed the diagnosis was clinically useful and that it was necessary for research and statistical purposes. The opponents noted that making a patient’s subjective experience of their own homosexuality the determining factor of their illness was not consistent with the new evidence-based approach that psychiatry had espoused. They argued that empirical data do not support the diagnosis and that it is inappropriate to label culturally induced homophobia as a mental disorder. The APA Advisory Committee agreed with the opponents and the diagnosis of ego-dystonic homosexuality was removed from DSM-III-R (1987).⁹

Family and Church stated I was not worthy of “becoming at one” with the “soul that is united with God and sees the world with God’s eyes.” Rejection for who I am had become a major theme in my life. From birth, I was not deserving. I ached for a theology that liberates.

⁸ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders III* (New York: Springer Publishing, 1980).

⁹ Robert Paul Cabaj and Terry S. Stein, *Textbook of Homosexuality and Mental Health* (Washington: American Psychiatric Press, 1996), 17-31.

LIBERATION THEOLOGY

September 1977, I entered the School of Theology at Claremont in search of myself and my place in the world. My first earth-shattering lesson came from Professor Dan Rhodes. We spent hours talking about Ernesto Cardenal's commentary on the Christian Gospels.¹⁰ He possessed me to devour the writings from Gustavo Gutiérrez Merino who taught Christ became human, died, and rose to liberate us, and makes us enjoy freedom.¹¹ He laughed and cried with me as we read Rosemary Radford Reuther's first presentation in the Women and Religion group of the American Academy of Religion (1972 meetings in Los Angeles), entitled "Saint Augustine's Penis."¹² Dan gifted me with a Christianity that was not about a patriarch in the sky judging my every move rather my liberator! He helped me move from a Gotcha God to a God of divine liberation.

My second life-changing lesson came from Professor Howard Clinebell. His gift was one of recovery.¹³ Howard is renown for his work with alcoholism and the related family disease. Until our quaint conversation during Wednesday community lunch, it had never occurred to me my parents' alcoholism had exaggerated my fear of abandonment and poor self-esteem. He beamed a light on my shame, loneliness, and despair that advanced from being the eldest child of alcoholics. At his urging, on October 21, 1977, I

¹⁰ Ernesto Cardenal, *El Evangelio en Solentiname* (Managua: Pueblo de Nicaragua, 1975-77).

¹¹ Gustavo Merino Gutiérrez, *Teología de la Liberación: Perspectiva* (Lima: Centro de Estudios y Publicaciones, 1971).

¹² Judith Plaskow and Joan Arnold Romero, *Women And Religion: Papers of the Working Group On Women And Religion, 1972-73* (Chambersburg: American Academy of Religion, 1974).

¹³ According to the Merriam-Webster Dictionary, recovery is defined as the act or process of becoming healthy after an illness or injury. *Exempli gratia*, recovery from the trauma of being a child of an alcoholic.

went to my first Adult Children of Alcoholics 12 Step meeting: an act of liberation, indeed. I have worked this program of recovery and healing since.¹⁴

Following my formation forged at seminary and initiation on the road of liberation and healing, I was ordained, in May 1981, a “Priest Forever.”¹⁵ In accordance with my ancestral heritage, my Eastern Band Cherokee elders gave me my first eagle feather in commemoration of this latest life chapter. The course of my vocation was, nonetheless, unclear.

Alongside an academic year joint appointment teaching at Harvard Divinity School and the Kennedy School of Government, I served as interim pastor at Plymouth Congregational Church. To be sure, I loved it all; however, my nagging passion for medicine would not let go. I consented to a year residency (1982-83) with the Association for Clinical Pastoral Education at Northwestern Memorial Hospital in Chicago. One of my supervisors, introduced me to Wholistic Health Centers, Inc. where I met Rev. Dr. Granger Westberg.¹⁶ This encounter came with a foretaste of the journey before me: merging healing and spirituality.

ACT TWO: A HEALER FOREVER

By October 1983, I was dedicated to formal medical training as a function of my priesthood. After obtaining my Emergency Medical Technicians (EMT) license in Georgia, I concluded my premedical studies at the University of California, Berkeley. The scientist in me was released. Clinical practice and research captivated me. In the Fall of 1989, with a full scholarship, I embarked on a Medical Doctor program at the

¹⁴ Adult Children of Alcoholics World Service Organization, *Adult Children of Alcoholics/Dysfunctional Families* (Torrance: Adult Children of Alcoholics World Service Organization, Inc., 2006).

¹⁵ Carter Heyward, *A Priest Forever* (New York: Harper & Row, 1976).

¹⁶ Granger Westberg is the founder of “Parish Nursing.”

University of Minnesota Medical School and HIV (human immunodeficiency virus) research with the Mayo Clinic . . . soon to become the only female doctor at one of the 12 AZT (the first HIV antiviral medication) centers treating AIDS (acquired immunodeficiency syndrome) patients.

The clinical trial that led to the approval of AZT for the treatment of AIDS in 1987 is a landmark event, not only in the field of HIV medicine but it also had a major impact on the drug regulatory process that has had effects in all fields of clinical medicine. AIDS and the research that followed took the field of immunology from its infancy to the vast body of knowledge it is today.

The trial reported in the New England Journal of Medicine had produced a dramatic result. Before the planned 24-week duration of the study, after a mean period of participation of about 120 days, 19 participants receiving placebo had died while there was only a single death among those receiving AZT. This appeared to be a momentous breakthrough and accordingly there was no restraint at all in reporting the result; prominent researchers triumphantly proclaimed the drug to be “a ray of hope” and “a light at the end of the tunnel.” Due to this dramatic result, the placebo arm of the study was discontinued, and all participants offered 1500mg of AZT daily. In 1989, I started working as a student physician in Minneapolis, Minnesota at one of the 12 federally funded clinical trial sites. At that time only men were allowed into the trials. It is here I met the men or boys who taught me the nature of love. Each were courageous souls who struggled to love themselves and those who evoked their affection. I watched year after year young vibrant men die a lonely and debilitating death. Countless had their children taken from them. Too many were disowned by their families. The Church scorned them.

This plaque was fundamentally about the search for love and then heart-wrenching rejection. Where would historical Jesus have emerged in this era?

In June 1990, at the San Francisco—VI International AIDS Conference (AIDS 1990) with the Theme: AIDS in the Nineties: From Science to Policy—including over 11,000 participants, I delivered a research address. ACT UP's Women's Caucus targeted the conference and chanted "How many more have to die before you say they qualify," and carried posters to the rally with the tagline "Women Don't Get AIDS/ They Just Die from It."

I treated one of the first women to receive AZT. She was the wife of a Marine who had been infected with HIV through a blood transfusion while undergoing a simple surgery. The family's infection was discovered with the birth of their first child. It took two years before she could have access to this life saving medication. I did not come up for air that decade. Medical training enveloped almost my every moment. First Ob/Gyn training in which I could sleep only 4 hours every three days. Then Anesthesiology residency, followed by a Family Practice fellowship. It is no surprise with my three-year-old imprinting, I became a priest and a physician.¹⁷

MEDICINE-PRIEST

My father wanted to be a doctor. Howard Dotson Clarke was born September 2, 1928 in the Qualla Boundary of North Carolina which is home to the Eastern Band Cherokee Nation. We are Wolf Clan, known to engender many a *Didanawisgi* (Medicine-Priest in Cherokee), both female and male.¹⁸ During his training, the United States Air Force promised him he could fly. He took flight to Wright-Patterson Air Force Base, just

¹⁷ Imprinting is used in psychology to describe any kind of learning that occurs at an age or stage of development. *Exempli gratia*, in my case, in utero and age three.

¹⁸ A Cherokee Medicine-Priest is trained both in the healing and spiritual arts.

east of Dayton, Ohio, home to Wilbur Wright, the father of modern aviation. From which I glided out of my mother's womb on September 9, 1953.

Following my father's footsteps, parallel to my own training in seminary and medicine, I engaged in apprenticeship from my elders, as a healer. As is our custom, from childhood, "The Elders" chose and groomed me to become a Medicine-Priest. In 1980, my formal tutelage of "learning our ways" commenced. Sequentially, I worked with seven mentors until deemed competent. During our 1999 Summer Solstice ceremony, our Chief *Didanawisgi* marked me for life. I received a wolf tattoo on my left deltoid. The gathering gifted me with my second eagle feather. The Grandmothers baptized me as StandTal. The progression of my vocation was evolving.

The 1999 Earl Lecture, a series of public lectures on religion held at the Pacific School of Religion in Berkeley, California, deliberated on "Building Healthy Communities: Partners in Faith and Wellness." I was right at home. My denomination was coming with me.

RedRoadMedicine, Inc. was inaugurated soon thereafter. This 501(c)(3) non-profit organization promotes the conviction that healing is wholistic, engaging both the body and the spirit. We opened an Integrative Family Practice in Bisbee, Arizona. Our work became a center of innovation blending conventional medicine with clinical nutrition, botanical medicine, acupuncture, and spirituality. The clinic became a teaching site for Andy Weil's Center for Integrative Medicine at the University of Arizona Medical School.¹⁹

¹⁹ Andrew Thomas Weil is an American doctor who is considered by many to be the father of Integrative Medicine.

With the emergence of centers for spirituality at medical schools and healing centers at seminaries, moreover the formation of a new medical specialty: American Board of Integrative Medicine, my passion for integrating spirituality and healing has come a long way, baby.²⁰



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COMMENCING ACT THREE: ROOTED IN LOVE

Without a doubt, the most transformative event of the first two acts of my life was discovering and growing in love with my wife, Reta Rainwater. Indeed, she metamorphosed my world. I knew the first moment I saw her face that she was the love of my life. That twinkle in her eyes with her most amazing smile captured my soul. There has never been a moment of hesitation. Once grounded in the whole-hearted knowledge I am loveable and able to love; God's vision became more of my own.

The fearless examination of my own brokenness and the work of radical acceptance has deepened within my soul a new relationship with the world: a passion for the liberation of all imprisoned by suffering. The theology of liberation, I embraced more than 40 years ago, has matured into my theology of wellness. The avenue of my vocation in its Third Act is transparent: the praxis of my theology of wellness . . .

AcuWholeness.²²

²⁰ *Exempli gratia*, Center for Spirituality & Healing in Minnesota and Center for Spirituality, Theology and Health at Duke.

²¹ Diplomate of American Board of Integrative Medicine emblem, my specialty certification.

²² Praxis is the process by which a theory, lesson, or skill is enacted, embodied, or realized.

Chapter 2: My Theology of Wellness

“Well, duh! Of course, God wants us to be well!” —Reta Rainwater



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My Grandmother²⁴ taught me as a little girl:

Our elders tell a story of a young schnauzer, StandTal, who came to Old Oak searching for understanding. “Old Oak, A fight is going on inside me,” she said. “It is a terrible fight and it is between two wolves. One is evil—she is anger, envy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego. The other is good—she is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion, and faith.” Old Oak said, “the same fight going on inside you is inside every other person, too.”

StandTal thought about it for a minute, and then asked: “Which wolf will win?” Old Oak replied, ‘The one you feed.’

Running River called out, “but if you feed them right, they both win. You see, if I only choose to feed the white wolf, the black one will be hiding around every corner waiting for me to become distracted or weak and jump to get the attention she craves. She will always be angry and always fighting the white wolf. But if I acknowledge her, she is happy, and the white wolf is happy, and we all win. For the black wolf has many qualities – tenacity, courage, fearlessness, strong-will and great strategic thinking—that I have need of at times and that the white wolf lacks. But the white wolf has compassion, caring, strength, and the ability to recognize what is in the best interest of all.”

²³ Eastern Band of Cherokee emblem.

²⁴ Full blooded Eastern Band Cherokee, wolf clan.

“You see, my daughter, the white wolf needs the black wolf at her side. To feed only one would starve the other and they will become uncontrollable. To feed and care for both means they will serve you well and do nothing that is not a part of something greater, something good, something of life. Feed them both and there will be no more internal struggle for your attention. And when there is no battle inside, you can listen to the voices of deeper knowing that will guide you in choosing what is right in every circumstance. Peace, my daughter, is the Cherokee mission in life. A man or a woman who has peace inside has everything. A man or a woman who is pulled apart by the war inside him or her has nothing.”

“How you choose to interact with the opposing forces within you will determine your life. Starve one or the other or guide them both.”²⁵

~~~~~

Science tells us humans harbor a pack of neurological wolves in our brain. The old ones reside in the limbic system, and they are filled with aggression and fear. They are fast, efficient, and potentially deadly, and they have been around for 150 million years. The younger ones reside in our frontal lobes and anterior cingulate, where empathy, reason, logic, and compassion reside. These pups are playful and imaginative, but they are also neurologically vulnerable and slow when compared to the activity in the amygdala, the emotional parts of the brain. Integration of all the neurological wolves empowers us to be fully human.<sup>26</sup>

## **RED ROAD THEOLOGY**

My first experience with theology was the way of the Red Road. In my Eastern Band Cherokee, Wolf Clan community, the “honorable way” to conduct one’s life is in accordance with Great Spirit. The Red Road is the path we walk while in direct relationship with Great Spirit. At an early age we are taught our shadow side is a friend, a teacher, a natural part of life. Wellness is the incorporation of wholeness. Since I was

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<sup>25</sup> My Grandmother’s version of a story commonly handed down to Eastern Band Cherokee children.

<sup>26</sup> Andrew Newberg and Mark Robert Waldman, *How God Changes Your Brain: Breakthrough Findings From a Leading Neuroscientist* (New York: Random House, Inc, 2009), 132.

knee high, I knew spirituality and healing were interwoven. Our Eastern Band Cherokee tradition states a person cannot be a physician without being a priest and a priest must also be trained as a physician. No surprise I am both a physician and a priest.

A common thread woven through all Native American treatments is the concept of wellness. A state of wellness is described as harmony between the mind, body, and spirit. The Cherokee word “*tohi*”—health—is the same as the word for peace or wholeness. You are in good health when your body is at peace.

Cherokee medicine is a prevention-based system that incorporates the whole person, rather than the cure-based system used by Western medicine, which until very recently, focused on the disease. It is the belief among American Indian healers to achieve wellness, we must have a strong connection to all things natural and both create and receive harmony not only within ourselves, but also in all our relationships. Once harmony is restored, illness and other health distortions simply disappear. To some, this would be a cure. In the Cherokee tradition, this is just good health—the way it should be . . . The Red Road.

## **WHAT IS WELLNESS?**

When I went off to college, I studied Taekwondo with Dr. Ken (Kyung Ho) Min who became an Olympic coach. Once I earned my black belt, he insisted I sign up for taekwondo sparring. I told him I did not like to fight. He responded, “if you do not spar you will never know your strength or integrate your skill.” Dis-ease, brokenness, grief, pain, all the dimensions of the shadow side (the black wolf) are meant to make us stronger; both the white and black wolves need to be integrated into our whole person to make us truly full.

Wellness is not just the absence of illness, in fact wellness can exist with illness. Wellness entails the effort of discovering and an ongoing process developing an awareness of and making choices toward a healthy and fulfilling life. Wellness is more than being free from illness, it is a daily dynamic of change and growth. The initial goal is to relieve symptoms; however, more importantly to cure the sickness enabling the patient to find balance, the harmony of living, a wholistic healing, a healing of the complete person.

Old English, the language of the Anglo-Saxons (up to about 1150), a highly inflected language with a largely Germanic vocabulary, very different from modern English, used the word “hǣlth” to mean wholeness. Chaucer, in 14th-century England, attested to such.<sup>27</sup> Although English has evolved since the *Canterbury Tales*, the native wisdom remains. Optimal health is wholeness, and wholeness is the integration of body, soul, and mind.<sup>28</sup>

Studies have shown people regard themselves as healthy, despite the diagnosis of disease, if they feel they can continue to be fully whole and prevail over the disease. Conversely, people report to be “unhealthy” if they sense a lack of fitness, even in the absence of a medical diagnosis of disease.<sup>29</sup>

Social interaction effects health. Examination of both women and men, who are African Americans and European Americans, shows people who receive less social support have a greater probability of decreased longevity and premature death. How

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<sup>27</sup> John Simpson and Edmund Weiner, eds., *The Oxford English Dictionary* (Oxford: Oxford University Press, originally published on February 1, 1884).

<sup>28</sup> Tim Flinders, Madeline Gershwin, and Rick Flinders, *The Rise Response* (New York: The Crossroad Publishing Company, 1994), 13.

<sup>29</sup> Alastair V. Campbell, *Health As Liberation: Medicine, Theology, and the Quest for Justice* (Cleveland: The Pilgrim Press, 1995), 10.

strong is this effect? Prospective studies have revealed evidence that social relationships' impact on health is more compelling than the evidence for the commonly accepted assertion, chronic underlying hostility is a risk factor for coronary heart disease.<sup>30</sup>

Apart from psychoanalysis and areas of wholistic medicine, most contemporary Western medicine is focused on a quick fix, temporarily providing relief, which ultimately masks symptoms that might be an alarm to a more serious disease. Anti-hypertensive medications are a common example of treating the symptoms and the potential consequences of high blood pressure. However, the etiology may be genetically and biochemically mediated, yet rooted in anxiety, unresolved guilt, unrealistic expectations, past trauma, or other psychosocial dis-ease. Left untreated, these will find a new way to be expressed within the body. The soul screaming for the attention of the body. In such instances, a chemical or surgical fix is only a delay in treating the underlying problems. Whole-person healing evaluates the ailing person in the total fabric of life, treating the cause of dis-ease.<sup>31</sup>

Acute problems, like strep throat or a broken arm, require immediate attention. In contrast, many other health issues—chronic lung disease, hypertension, cardiac dysfunction, arthritis, alcoholism, cancer, grief, indeed all chronic illness—require solutions that acknowledge and incorporate the whole of a lifetime's narrative. "Incorporate" is the Latin-based equivalent of the Anglo-Saxon word "embody."<sup>32</sup> Healing is not just elimination of pathogens, rather the integration of our brokenness and dis-ease into our whole person.

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<sup>30</sup> Jeff Levin, *God, Faith, and Health: Exploring the Spirituality-healing Connection* (New York: John Wiley & Sons, Inc, 2001), 63.

<sup>31</sup> Kenneth L. Vaux, *Health and Medicine in the Reformed Tradition* (New York: The Crossroad Publishing Company, 1984), 119.

<sup>32</sup> Margaret E. Mohrmann, *Medicine as Ministry* (Cleveland: The Pilgrim Press, 1995), 77.

Doctors have seen incessant unconscious fear and anger damaging a person's heart and kidneys, stomach, even the entire circulatory system, with the patient completely unaware. It is not until the body is damaged enough to cause pain that the patient seeks medical attention. The lie detector functions on exactly this principle, recording physical reactions to memories to which one is in denial or wants to conceal.<sup>33</sup>

Studies have shown a correlation of stress-reducing techniques and a more potent response by the body to vaccines against viruses and bacteria. Mindful meditation and routine positive psychosocial interactions have a positive impact on immune parameters, including lymphoproliferative responses to mitogens and levels of circulating white blood cells.<sup>34</sup>

At the 8th Annual Spirituality and Medicine Seminar Series: "Renewing the Mind," hosted by Howard University in April 2005, Leon Dantzler, MD presented data demonstrating the impact of psychosocial stress on wound healing. The more stress a patient embodies, the longer recovery time from infection and myocardial infarction.<sup>35</sup>

Victor Frankl offers a mental illustration of the connection between body and spirituality: he likens the body to a piano, while the psyche is represented by the pianist, who can activate the piano, and the spiritual dimension, in turn, is represented by the artistic ability of the pianist.<sup>36</sup>

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<sup>33</sup> Morton T. Kelsey, *Healing & Christianity: The First Comprehensive History of Healing in the Christian Church from Biblical Times to the Present* (New York: Harper & Row Publishers, Inc, 1973), 255.

<sup>34</sup> Harold G. Koenig, *Medicine Religion and Health: Where Science and Spirituality Meet* (West Conshohocken: Templeton Foundation Press, 2008), 38.

<sup>35</sup> Glenda F. Hodges and Harold B. Betton, *Spirituality and Medicine: Can the Two Walk Together?* (Bloomington: AuthorHouse, 2008), 129.

<sup>36</sup> Donald F. Tweedie, *Logotherapy: an Evaluation of Frankl's Existential Approach to Psychotherapy* (Grand Rapids: Baker Book House, 1961), 55.

## WORDS OF WHOLENESS

Used as an adjective, the word whole comes from the Greek words of *holos* and *holokleros* meaning all, entire and complete wholeness. These two words come from the noun *holokleria* meaning completeness, wholeness.<sup>37</sup>

*Shalom* is used as salutation by Jews at meeting or parting, meaning “peace, whole sound, or healthy.”<sup>38</sup> *Shalom* is both personal and communal with a social dimension.<sup>39</sup>

*Salaam* is a common greeting in many Arabic-speaking and Muslim countries. Early 17th century: from Arabic (*al-*)*salām* (*‘alaikum*) “peace (be upon you).”<sup>40</sup>

The World Health Organization defines wellness as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.<sup>41</sup>

The National Wellness Institute defines wellness as “a conscious, self-directed and evolving process of achieving full potential.”<sup>42</sup>

## NEUROSCIENCE AND WELLNESS

Andrew Newberg, MD is a pioneer in the neurological study of spirituality, a field he calls “neurotheology,” I prefer neurospirituality. This emerging new field is studying the brains and brain functioning of persons daily committed to spiritual practices even for

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<sup>37</sup> James Strong, *Strong’s Greek Dictionary of the Bible*, Kindle Edition (Chicago: Miklal Software Solutions, Inc, 2011).

<sup>38</sup> John Simpson and Edmund Weiner, eds., *The Oxford English Dictionary* (Oxford: Oxford University Press, originally published on February 1, 1884).

<sup>39</sup> Colin Brown, ed., *New International Dictionary of New Testament Theology* Vol. 2 (Grand Rapids: Zondervan, 1986).

<sup>40</sup> Simpson and Weiner, *The Oxford English Dictionary*.

<sup>41</sup> David Misselbrook, “W is for Wellbeing and the WHO Definition of Health,” *British Journal of General Practice* (Royal College of General Practitioners) 64, no. 628 (2014): 582, <https://web.archive.org/web/20180821185348/https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4220217/>.

<sup>42</sup> National Wellness Institute, *About Wellness*, accessed August 1, 2018, <https://web.archive.org/web/20180821183728/https://www.nationalwellness.org/page/AboutWellness>.

the non-believer. This work suggests God is great for our mental, physical, and spiritual wellbeing:

- Prayer and spiritual practice can reduce stress.
- Contemplating a loving God rather than a Gotcha God creates improved wellness.<sup>43</sup>

These studies of altered states of consciousness not only shed new light on the mind-brain relationship, they provide evidence spirituality is a tool for wellness, for wholeness.<sup>44</sup>

Neuroscience tells us that the emotional perceptions of pain, touch, sight, taste, and sound are transmitted to the brain through a set of specialized peripheral sensory neurons known as nociception. When a fingertip is traumatized by an ill-placed hammer blow, nociceptors transmit the message through a neuropathway, bringing the news to the unfortunate carpenter's consciousness, to which she screams, "Ouch!"

"Pain is not merely the activity of nociceptors telegraphing their injured state to a person's brain. Pain is a signal that the whole organism is in trouble. Pain is a threat to the very integrity of the person, especially when the pain becomes chronic."<sup>45</sup>

Oxytocin is a hormone that acts as a neurotransmitter in the brain, providing a powerful motivational system of reward and pleasure. It is a key component of attachment, bonding, and belonging. It has been called the "cuddle-hormone." As healers, we can use this knowledge. We can help send clients' brains in a more wholesome direction, reconnect with self, with others, with community, and with all that is sacred. For example, with physical presence, eye contact, shared positive regard, and mutual

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<sup>43</sup> Newberg and Waldman, *How God Changes Your Brain*, 6-7.

<sup>44</sup> Wayne E. Oates and Charles E. Oates, *People in Pain: Guidelines for Pastoral Care* (Philadelphia: The Westminster Press, 1985), 29.

<sup>45</sup> *Ibid.*, 120.

care, we can help empower patients to harness their innate neuroplasticity, the rewiring of their brains, when habitual patterns of response to life's disappointment, difficulties, even disasters leave them disabled. Thus, helping them create new more flexible, stable patterns of coping.<sup>46</sup>

## FAITH AND WELLNESS

What parent does not want her child to be happy and healthy? Surely, God, *Allah*, *Yaweh*, *Yo ho wah* (Cherokee), desires the same. Within the Abrahamic traditions, wellness has the highest obligation.

For the Jew, *Pikuach nefesh* (Hebrew: פיקוח נפש, "saving a life") describes the principle in Jewish law that the preservation of human life overrides virtually any other religious consideration.

"Islam is a way of life which encompasses all aspects of human life: spiritual as well as physical, personal as well as communal, physical health as well as material wealth, and religious matters as well as political issues. In Islam, our body and health are considered as important gifts of Almighty *Allah*. *Imam Ali* (peace be upon him) said: "Health is the best of blessings." In another narration, he says, "One of the blessings [of God] is the abundance of wealth; however, better than abundance of wealth is the health of the body." *Imam Ja'far al-Sadiq* (peace be upon him) said, "A believer who is physically strong is better than a weak believer." It is in this sense that our body is the trust given to us by *Allah* and we must safeguard and protect this trust.<sup>47</sup>

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<sup>46</sup> Barbara Sheehan, "Challenges, Dangers, Benefits of Attending to Social Crisis and Justice Issues in CPE Formation for Ministry," In *Compassion For One Another in the Global Village*, eds. Ulrike Elsdorfer and Takaaki David Ito (Zweigniederlassung Zurich: Lit Verlag GmbH & Co., 2016), 100-113.

<sup>47</sup> Sayyid Muhammad Rizvi, *Health and Wellness in Islam*, accessed August 1, 2018, <https://web.archive.org/web/20180211193823/http://www.islamicinsights.com:80/religion/clergy-corner/health-and-wellness-in-islam.html>.

Howard Clinebell, a key figure in the development of pastoral counseling, views the intent of counseling as helping the client advance towards the “unifying goal of wholeness.” Clinebell characterizes this process as a “growth journey” rather than a fixed mark.<sup>48</sup> He equates this wholeness with the partaking in the life . . . in all its fullness, as Jesus offered, “I have come so that they could have life—indeed, so that they could live life to the fullest” (John 10:10).<sup>49</sup> In teaching Pastoral Counseling, the growth toward wholeness is sought in six interdependent aspects:

- the enlivening of the mind, aiming for increased awareness, perception, and creativity;
- the refreshment of the body, including learning to experience and enjoy one’s body more fully;
- the renewing and enriching;
- of intimate relationships;
- a deepening rapport with and caring for the environment; progress in relation to institutions and improvement in working with others; and
- as a unifying factor in all areas, an enhancement of a personal relationship with God.<sup>50</sup>

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<sup>48</sup> Roger F. Hurdling, *The Tree of Healing* (Grand Rapids: Zondervan Publishing House, 1985), 312.

<sup>49</sup> Gary R. Collins, ed., *Helping People Grow: Practical Approaches to Christian Counseling* (Berlin: Vision House, 1980), 28-29.

<sup>50</sup> Howard Clinebell, *Basic Types of Pastoral Care and Counselling* (Nashville: Abingdon Press, 1984), 31-34.

## THE BIBLE AND WELLNESS

To the Christian, as a follower of Jesus, we are commanded:

“You must love the Lord your God with all your heart, with all your being, and with all your mind. This is the first and greatest commandment. And the second is like it: You must love your neighbor as you love yourself.”<sup>51</sup>

A well heart, a well mind, and a well-being loves God, our community, and our self. To devote oneself to wellness may be one’s highest calling. Indeed, God’s very nature is to heal . . . “I am the One who heals you.”<sup>52</sup> I will restore your health, and I will heal your wounds.<sup>53</sup> They will turn to God who will respond to their pleas and heal them.<sup>54</sup>

Whenever Jesus came across sickness, his attitude was to heal it.<sup>55</sup> Jesus’ healing ministry is pervasive through the gospels: the blind receive sight, the lame walk, those who have leprosy are cured, the deaf hear, the dead are raised, and the good news is preached to the poor.<sup>56</sup> “Go and tell John the things you have seen and heard that the blind sees, the lame walk, the lepers are cleansed, the deaf hear, the dead are raised, the poor have the gospel preached to them.”<sup>57</sup>

Prayer that comes from faith will heal the sick, God restores them to wellness: “dear friend, and I pray that all goes well for you.”<sup>58</sup> I hope that you are as strong in

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<sup>51</sup> Matthew 22:37-39 (CEB).

<sup>52</sup> Exodus 15:26 (CEB).

<sup>53</sup> Jeremiah 30:17 (CEB).

<sup>54</sup> Isaiah 19:22 (CEB).

<sup>55</sup> Matthew 4:23-25; 8:16,17; 9:35 (CEB).

<sup>56</sup> Appendix A: Healing in the Gospels. Percy Dearmer, *Body and Soul* (London: Sir Isaac Pitman & Sons, 1909), 150-152.

<sup>57</sup> Matthew 11:5 (CEB).

<sup>58</sup> James 5:15; 3 John 1:2 (CEB).

body, as I know you are in spirit.<sup>59</sup> <sup>60</sup>“Now may the God of wholeness make you holy in every way and may your whole spirit and soul and body be kept whole.”<sup>61</sup>

We are not beings of separate and distinctively different components, but a whole person. We are spirits who have souls that live in bodies. The biblical and theological understanding of a whole person includes both body and soul.<sup>62</sup> All these aspects of humanity are inextricably interwoven. To be whole, to be complete, each aspect of a person must be well. When any aspect of our being is not well, the other aspects are adversely affected.

Jesus asks his disciples and the church to heal; from 12 to the 70 to the wider church: And when Jesus called his 12 disciples to him, he gave them power over unclean spirits, to cast them out, and to heal all kinds of sickness and all kinds of disease.<sup>63</sup> After these things Jesus appointed seventy others and sent them two by two into every city and place . . . “and heal the sick there.”

### **THE GREAT COMMISSION: “ONE STRUGGLE, ONE FIGHT!”**

Sickness and dis-ease are pervasive throughout our whole world. The perpetuation of pain, hurt, and dehumanization is rampant. All peoples are wrestling with critical issues impacting humanity, the earth, and all relations. Have we forgot God’s requirement of us: “to do justice, embrace faithful love, and walk humbly with our God?”<sup>64</sup> The very stones cry out, more accurately, scream out for wellness, for

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<sup>59</sup> *The New American Standard Greek Lexicon* interprets *eirenes* as wholeness.

<sup>60</sup> *Ibid.* *amemptos* as free from defect.

<sup>61</sup> 1 Thessalonians 5:23 (CEB).

<sup>62</sup> Kelly M. Kapic, *Embodied Hope: A Theological Meditation on Pain and Suffering*, Kindle Edition (Downers Grove: InterVarsity Press, 2017), location 826.

<sup>63</sup> Matthew 10:1 (CEB).

<sup>64</sup> Micah 6:8 (CEB).

wholeness, indeed, they implore people of faith to “WAKE UP and do your part!”<sup>65</sup> <sup>66</sup>

We in the United States need not cross our borders to discover inequalities of healthcare.<sup>67</sup> <sup>68</sup> Indeed, the rich can find it hard to obtain good, personalized guidance on prevention and chronic dis-ease.<sup>69</sup> The practice of medicine in North America has developed into mass production: focusing on the presenting problem as quickly and cheaply as possible and moving to the next one. We need a community to be healthy. Local churches, synagogues, mosques, and other faith communities have a powerful supportive influence of our individual and collective lifestyles and consequently on our health.

One approach toward healing, wholeness, and wellness for ourselves, our community, and the world is to embrace faith-based wellness ministries, of which, the faith community nursing movement is one. The Wholistic Health Movement initiated in the 1960s by a Lutheran pastor in Illinois gave rise to faith community nursing. This work is rooted in the conviction that wellness must treat the whole person: body, spirit, mind, and emotion. An understanding of the roots, history, and mission of this uniquely faith-based movement demonstrates a way forward in doing our part.

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<sup>65</sup> Luke 19:40 (CEB): Jesus answered, “I tell you, if they were silent, the stones would shout.”

<sup>66</sup> Barbara Sheehan, “Challenges, Dangers, Benefits of Attending to Social Crisis and Justice Issues in CPE Formation for Ministry,” In *Compassion For One Another in the Global Village*, eds. Ulrike Elsdorfer and Takaaki David Ito (Zweigniederlassung Zurich: Lit Verlag GmbH & Co., 2016), 100.

<sup>67</sup> Howard Bauchner, “Health Care in the United States: A Right or a Privilege,” *JAMA*, 2017;317(1):29, doi:10.1001/jama.2016.19687.

<sup>68</sup> Olga Khazan, “The 3 Reasons the U.S. Health-Care System Is the Worst,” *The Atlantic* (June 22, 2018), retrieved October 12, 2018, from <https://www.theatlantic.com/health/archive/2018/06/the-3-reasons-the-us-healthcare-system-is-the-worst/563519/>.

<sup>69</sup> Dhruv Khullar, “Do You Trust the Medical Profession?,” *The New York Times* (January 23, 2018).

### Chapter 3: Wholistic Health Movement and Faith Community Nursing

“Science is not only compatible with spirituality;  
it is a profound source of spirituality.”—Carl Sagan

#### WHOLENESS AS WELLNESS

Faith community nurses are bringing a whole-person approach to wellness in our synagogues, churches, and mosques.<sup>70</sup> Within the Abrahamic traditions, over my lifetime, I have witnessed a quiet revolution interweaving health and spirituality that is changing the face of healing practices across the world. This whole-person healing movement was revived from ancient times to modern day by a Lutheran pastor and now by faith community nurses. As a physician and a priest, I hope these principles will affect your faith community. It is an emerging component of ministry within Jewish, Muslim, and Christian faith communities.

In June of 1982, I went to Northwestern Memorial Hospital in Chicago for a year of Clinical Pastoral Education. One of the staff Chaplains introduced me to a local Lutheran pastor who was exploring the practical integration of spirituality and medicine at church-based health centers. I spent much of that year working in his clinic. He offered a new methodology in providing healthcare: bringing prevention to the people with a new approach to the practice of healthcare—whole-person care. I remember a card tacked on a bulletin board in one of the clinics expressing the philosophy of Wholistic Health Centers, Inc: A prayer to be said when the world has got you down, and you feel rotten, and you’re too doggone tired to pray, and you’re in a big hurry, and besides you’re mad

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<sup>70</sup> Wanda Alexander, *Faith Community Nurse Network (FCNN)*, originally written September 29, 2017, accessed August 21, 2018, <https://web.archive.org/web/20180821191257/https://www.fcnn.org/about-us/>.

at everybody: “Make me whole.” Just one day in this clinic and I was hooked. My life was never the same.

Wholistic wellness care attempts to treat the whole person: body, spirit, mind, and emotion. This type of care assumes that health depends on the interplay of emotional and spiritual factors as well as physical conditions. This concept is as old as the Old Testament in the unity of the body and spirit. “If you worship the Lord your God, the Lord will bless your bread and your water. I’ll take sickness away from you.”<sup>71</sup>

In practical terms, whole-person care treats each person’s wellness as multidimensional, including the many influences that contribute to dis-ease. It recognizes the close connection between a person’s sense of wellbeing and lack of it, including his or her physical health. The feelings of alienation from God in our human relationships result in anger, guilt, and frustration, eventually affecting our physical, emotional, and spiritual health. Whole-person healthcare takes interest in the range of psychosomatic symptoms in which soul and body appear to be divided and working against the total health of the person. It recognized there are an awful lot of people just dissatisfied with the dehumanized approach to health care found in doctor’s offices and hospitals. We are not body parts, rather a person.

The relationship between stress and illness is complex. The susceptibility to stress varies from person to person. Some factors that influence one’s susceptibility to stress induced illness include genetic vulnerability, coping style, type of personality, diet, exercise, and social support. Not all stress has a negative effect. There are studies that have shown short-term stress can boost the immune system, but chronic stress has consistently evidenced a significant effect on the immune system that often ultimately

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<sup>71</sup> Exodus 23:25 (CEB).

manifests in illness.<sup>72</sup> Much illness starts in the home or neighborhood or is related to a person's job. Faith communities can help people start the healing process in the earlier stages of illness<sup>73</sup> and indeed, prevent illness. Prevention is treatment.

## WHOLISTIC HEALTH CENTERS

The 1960s was a decade of American questioning and renewal. During this era of regeneration Lutheran Pastor Granger Westberg, the author of famed book "Good Grief," became a chief pioneer of the Christian "wholistic health movement."<sup>74</sup> Westberg, in his book *When Minister and Doctor Meet*, introduced the term "wholistic health care" to describe his work.<sup>75</sup> His editor at Harper and Row advised him that he had spelled wholistic wrong. He wrote them, "Please let me spell it with a 'w,' it will make it easier for people to understand the concept of wholeness." They agreed to it.<sup>76</sup>

Westberg writes,

The whole-person approach to health is remarkably congruent with a full, well-rounded life. At a time when many congregations feel they are stagnating, spending too much time talking about God and too little making the Word come alive in action, perhaps they should reexamine that most fundamental Christian concept—salvation—and remember that it means 'being made whole.' The time has come for the church to renew its concern with health care and to once again pick up the reins of innovation and leadership in the crucial and sometimes forgotten area of ministry.<sup>77</sup>

Westberg opened the first wholistic health center in the 1960s at a Lutheran church in a low-income area of Springfield, Ohio where he was teaching at Humma School of Theology, Wittenberg University. It was his belief that the churches of

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<sup>72</sup> Mohd. Razali Salleh, "Life, Stress, and Illness," *Malaysian Journal of Medical Sciences* 15, no. 4 (Kelantan: Universiti Sains Malaysia Health Campus Kubang Kerian, October 2008): 9-18.

<sup>73</sup> Deborah L. Patterson, *Health Ministries: A Primer for Clergy and Congregations* (Cleveland: The Pilgrim Press, 2008), 17.

<sup>74</sup> Granger E. Westberg, *Good Grief* (Minneapolis: Fortress Press, 1962).

<sup>75</sup> Ibid, *When Minister and Doctor Meet* (New York: Joanna Cotler Books, 1961).

<sup>76</sup> Jane Westberg, *The Life and Work of Granger Westberg* (Memphis: Church Health, 2015), 127.

<sup>77</sup> Granger E. Westberg, *The Parish Nurse: Providing a Minister of Health for Your Congregation* (Minneapolis: Augsburg, 1990), 10.

America represented a vast underused resource that can be mobilized to make a significant contribution to healthcare and wellness that led him to start Wholistic Health Centers, Inc. After initial experiments at Springfield, Ohio, Westberg's theories took their most concrete form in 1973 at a health center he founded with help from the WK Kellogg Foundation and the University of Illinois' Medical School in a western suburb of Chicago.<sup>78</sup> The next center opened in Hinsdale, Illinois, in an affluent suburb.

Hinsdale was at that time an old, well established community of about 16,000 people, what may now be regarded as a somewhat stuffy pool of serenity that stands apart from the suburban sprawl surrounding it. Union Church was a stately brick and limestone building near the center of town, on the threshold of the oldest and loveliest residential area. There, occupying nine rooms on the ground floor of a busy parish house, was a holistic health center. At first glance it looked much like any other doctor's office, with a reception area, examination room, staff offices, and conference room. But there was something different about the atmosphere. It seemed friendlier, more relaxing, and open . . . with good reason. It became the home of Wholistic Health Centers, Inc.

In addition to the professional staff, the center depended on a corps of part-time volunteers recruited from or by the church membership and trained by the staff. They answered questions, kept records, served coffee, made conversation and friends, gave directions . . . all those things that contribute to a friendlier, supportive environment which reduces the anxiety often associated with a visit to the doctor. They transformed the building into a home-like atmosphere.

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<sup>78</sup> Granger E. Westberg, "A Personal Historical Perspective of Whole Person Health and the Congregation," In *Parish Nursing: Promoting Whole Person Health within Faith Communities*, by Phyllis Ann Solari-Twadell and Mary Ann McDermott (Thousand Oaks: Sage Publications, 1999), 35-42.

The goal of a new patient visit was to engage them in an individualized plan for becoming and staying healthy. Being healthy is more than having a body that works well; it is feeling good about yourself and dealing creatively with difficult situations and maturing spiritually toward a sense of wholeness.

Patients were asked to describe not only their physical symptoms, but also their feelings, goals, strengths, and capabilities, along with the kind of help they wanted. A checklist identified basic life stresses and what resources they had for dealing with them. Starting with a whole-person approach clarified problems, but also explored potential new behaviors that could lead to better health. The emphasis on the person's total healthcare, rather than focusing exclusively on the part that hurts, established a relationship between provider and patient. Patients often used their presenting symptoms as an opportunity to share fears related to trauma, dysfunctional family problems, addictions, spirituality, or other forms of dis-ease. All expressed concerns were given careful attention at the center.

We found the whole-person approach was effective in both low-income and affluent communities which convinced Westberg of the viability of his model for people in all income brackets. Soon there were 11 centers under WHC's umbrella utilizing a health team which included medical doctors, nurses, counselors, and volunteers.

Westberg believed the faith-based community environment is ideally suited to fostering the human emotions of love and forgiveness. The presence of a pastoral counselor on the team insured that a person's relationship with God, or the absence of

one, would be explored to the extent it seemed to have a bearing on his or her total health.<sup>79</sup>

Wholistic Health Centers devoted many years gathering statistics on both the cost effectiveness and medical effectiveness of their model. Client testimonies emphasized that the whole-person approach was a strongly felt need in the community. Westberg and his team developed an 8-point Mission Statement:

1. A person is more than the sum of her parts. Healers must consider how one's body, mind, and spirit weave together for true healing.
2. High level wellness and health, not disease, is the basic trust.
3. In the new model, clients assume responsibilities for negotiating their care routine.
4. The concept of self-care and self-help is crucial.
5. New attitudes toward birth, health, life, illness, and death are essential.
6. Stress and tension are the precursors of disease.
7. A practitioner of wholistic healthcare acts only as a catalyst for clients to maintain or strengthen their own wellness.
8. The methods by which the practitioner fosters harmony and balance are based in a belief in a higher power devoted to our health.<sup>80</sup>

The common thread in these principles of wholistic healthcare was an openness to all aspects of human experience, client self-responsibility, and an awareness that there is a higher source than the natural order which influences a person's life and death.

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<sup>79</sup> Abigail Rian Evans, *Redeeming Marketplace Medicine: A Theology of Health Care* (Cleveland: The Pilgrim Press, 1999), 100-118.

<sup>80</sup> "8-pt Mission Statement," A handout given to all Wholistic Health Centers volunteers, 1982.

The elements of vision we were taught by Westberg are threefold: to serve all who come to us for help, to be interfaith, and be a faith community in which we could offer a healing and wellness ministry. His work was based on his belief that healthcare transcends physical care, because true healing involves the whole person in the context of their community. One of Westberg's most significant contributions to the church and the community at large was the founding of the parish nurse movement. Originally developed in 1984 as a partnership between Lutheran General Hospital in Park Ridge, Illinois, and six area congregations, this new ecumenical movement soon grew to encompass nurses and faith communities around the country.

## **PARISH NURSING MOVEMENT**

When the rising cost of medicine made it impossible to sustain Wholistic Health Centers financially, Westberg embarked on a new model predicated on what he thought of as the “glue” of healthcare—nurses. “The primary thrust of the nurses’ work is to identify early cries for help and to intervene before problems require hospitalization. The nurses, therefore, are doing most of their work in the areas of prevention and wellness.”<sup>81</sup> He envisioned placing nurses on the staff of the faith communities reaching far more people than would a dozen clinics. With this in mind, it is the role of the nurse to involve people in their own healthcare and in the care of their neighbors. As people work together toward good health, everyone’s load is lightened.”<sup>82</sup> “Nurses have been serving people with a spirit of caring, touching them, and talking with them. That is exactly what is

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<sup>81</sup> Westberg, *Parish Nurse*, 17.

<sup>82</sup> Ibid.

needed in every congregation—a balance between touching and talking or communicating. Without the touch, the talk does not carry much power.”<sup>83</sup>

In 1984, Westberg approached the Lutheran General Hospital, in Park Ridge, Illinois, to help him plan and implement the institutionally-based program. The hospital agreed to subsidize the initial six pilot parish nursing programs over a three-year period. They believed that churches, synagogues, and mosques, when they are functioning at their best, are dedicated to keeping people well.<sup>84</sup>

In late 1986, the International Parish Nurse Resource Center, which later became the Westberg Institute for Faith Community Nursing, still active today, was established at the Lutheran General Hospital System.<sup>85</sup> Then under the leadership of Ann Solari-Twadell, the organization grew into a strong leadership role of parish nurse education, research, and support.

A survey completed in 1987 by the National Council of Churches reported

most local congregations in the United States are directly involved in addressing healthcare needs in their communities. More than half of all congregations have some activity in nutrition, substance abuse, mental health and prenatal care. Churches do not replace usual sources of healthcare, but rather they extend, assist, and even enhance other sources.<sup>86</sup>

In 1989 the Health Ministry’s Association (HMA) formed as an interfaith, multidisciplinary organization. HMA in conjunction with the American Nursing Association wrote and published the first edition outlining the Scope and Standards of

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<sup>83</sup> Westberg, *Parish Nurse*, 18.

<sup>84</sup> *Ibid.*, 35-42.

<sup>85</sup> Janet S. Hickman, *Faith Community Nursing* (Philadelphia: Lippincott Williams & Wilkins, 2006), 9.

<sup>86</sup> James M. Wall, ed., “Congregations and Health,” *The Christian Century* 108 no. 36 (Chicago: Christian Century, 1991), 1159-1160.

Parish Nursing practice in 1998. The third edition was released in 2017.<sup>87</sup> Both organizations continue to this day.

## **FAITH-BASED COMMUNITY NURSING (WITHIN ABRAHAMIC TRADITIONS)**

Today, “Faith Community Nursing” is one expression of health ministry. The idea of a nurse being integrated into the life of the congregation came from Westberg’s early Wholistic Health Centers. It is a health promotion, disease prevention activity based on the care of the whole-person. Community Faith Nursing is now a subspecialty under the American Nurses Association with its own scope and standards of practice. State Nursing Boards are starting to include integrative modalities such as acupuncture in the scope of practice.<sup>88</sup>

The Wholistic Health Center movement which lead to Faith Community Nursing has provided faith-based communities with a whole-person approach in a community milieu enabling us to work toward wellness for us all. This is an interfaith, grassroots, low cost, mobile movement. It can be found today in each of the Abrahamic Traditions: Jewish, Muslim, and Christian.<sup>89 90 91</sup>

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<sup>87</sup> American Nursing Association, *Faith Community Nursing: Scope and Standards of Practice*, 3rd Edition (Silver Spring: American Nursing Association and the Health Ministries Association, 2017).

<sup>88</sup> The Nursing Care Quality Assurance Commission, “Medical Acupuncture: Scope of Practice for Advanced Registered Nurse Practitioners,” *Department of Health Nursing Care Quality Assurance Commission*, Washington State Department of Health, originally written November 17, 2017, accessed August 21, 2018, <https://web.archive.org/web/20180821191036/https://www.doh.wa.gov/Portals/1/Documents/6000/NCAO12.pdf>.

<sup>89</sup> Beth El Synagogue, Beth El Synagogue Congregational Nurse, originally written June 20, 2015, accessed August 25, 2018, <https://web.archive.org/web/20180825194532/https://www.besyn.org/community/caring-repairing/congregational-nurse/>.

<sup>90</sup> Sandra Lovering, “The Crescent of Care: A Nursing Model to Guide the Care of Arab Muslim Patients,” *Diversity & Equality in Health and Care* (London: Insight Medical Publishing, May 13, 2012), 1-11, <https://web.archive.org/web/20180825200825/http://diversityhealthcare.imedpub.com/the-crescent-of-care-a-nursing-model-to-guide-the-care-of-arab-muslim-patients.php?aid=1787>.

The grass roots impact on faith-based communities and the communities they serve is well articulated in the Official United Church of Christ Position Statement on Faith Community Nursing:

Why a health ministry?

‘I weep for the hurt of my people; I stand amazed silent, dumb with grief. Is there no medicine in Gilead? Is there no physician there? Why doesn’t God do something? Why doesn’t He help?’<sup>92</sup>

Today many Americans die and are disabled from health conditions that are greatly impacted by lifestyle behaviors. In fact, 54% of our health status is a result of lifestyle choices. These conditions might be prevented or better managed if we 1) knew the risks associated with many health problems, 2) believed that healthy activities could be beneficial, and 3) could receive appropriate health care services and resources. Lifestyle changes that can improve the quality of life have been identified as engaging in consistent moderate exercise; cessation from smoking and other addictions; consuming a diet high in fiber, and low in fat and Cholesterol; increasing social support; and actively managing stress.<sup>93</sup>

Faith community nursing (wellness ministries of all sorts) provide a formidable model for reaching our congregations and communities extending healing, wholeness, and wellness. We also need low cost, mobile, easy to learn and use, effective tools (medicine bag) for treating acute and chronic dis-ease, adjuncts to maintaining wellness. I am awestruck by the powerful medicine found in auricular acupuncture! It is simple, portable, inexpensive, and an immensely formidable instrument of healing, wholeness, and wellness. I call it “AcuWholeness.”<sup>94</sup> Evidence of this ancient form of healing, using a sterile monofilament inserted into the outer ear, has been found throughout the world, including America. The National Acupuncture Detoxification Association (NADA) has developed

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<sup>91</sup> Appendix B: UCC Resolution – Ministry on Health and Healing, “General Synod 21- Reclaiming the Church’s’ Ministry on Health and Healing” (Cleveland: United Church of Christ, 1997), accessed August 30, 2018, [https://web.archive.org/web/20180830202150/http://www.ucc.org/justice\\_health\\_general-synod-21-reclaiming](https://web.archive.org/web/20180830202150/http://www.ucc.org/justice_health_general-synod-21-reclaiming).

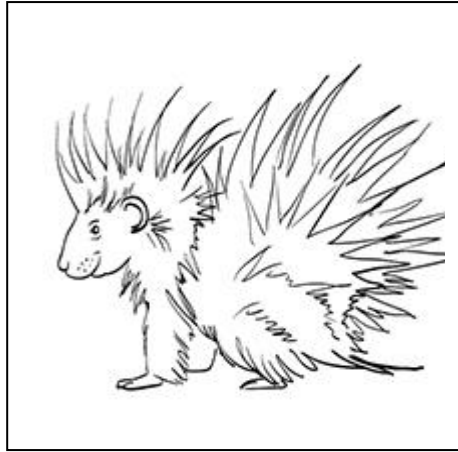
<sup>92</sup> Jeremiah 8:21-22 (CEB).

<sup>93</sup> Appendix C: Official UCC Position on Faith Community Nursing, Barbara T. Baylor, “Official United Church of Christ Position on Faith Community Nursing” (Cleveland: United Church of Christ, April 10, 2015), accessed August 25, 2018, [https://web.archive.org/web/20180825202919/http://www.ucc.org/justice\\_health\\_why-a-health-ministry](https://web.archive.org/web/20180825202919/http://www.ucc.org/justice_health_why-a-health-ministry).

<sup>94</sup> AcuWellness refers to the regular use of auricular acupuncture for healing, wholeness, and wellness.

a protocol that uses science to improve not only our spirituality, but our body, mind, and emotion. Chapter 4 tells us more.

## Chapter 4: National Acupuncture Detoxification Association (NADA)



As my Cherokee Elder tells the Story:

Back in the early days . . . humans, animals, the winged, and the Earth all lived in harmony. We were part of the Earth and could not be separated from it. We were all part of One Family which included GrandMother, our Creator. We helped each other out. We respected one another. We listened to the ways of GrandMother and lived by them.

After a millennium of peaceful living humanity stopped listening to GrandMother, they overran the Earth, polluting the air and water and destroying the land. In no time, Earth was no longer able to produce healthy food for life. These people were selfishly killing the plants and animals for personal gain, disregarding the welfare of all who lived upon the Earth. The animals held council to determine what might be done to resolve the problem, to stop the damage to the earth before it was rendered unfit for all life. After many days of meeting, the bears decided they would take care of the problem by killing humankind.

Because bears walked upon two legs and made use of their paws like hands, it was decided they would fashion a bow and arrow to kill humankind. One old bear volunteered his life for the making of the bow, offering his guts for the string. Another bear offered to deliver the fatal blow. When the time came to kill humankind, the bear found his paws did not function the same as hands, and he could not pull the bowstrings. In disgrace, he reported to the council and offered to cut off his paws to pull the bow better. But the leader of the council opposed the action, saying that to maim oneself to better kill would make the bear no better than humankind.

In despair, the animals held another council to discuss how best to rid the land of humankind.

After many days of meeting, the smallest animals came forward. These animals were so tiny they could not be seen. “We will take care of the humans,” they said. These tiny animals invaded humankind through their food and water, through the air and sky. This caused humankind great pain and affliction. A great cry went up upon the land. It was the cry of humankind suffering and dying. Out of pity for humankind, the plants, the Green People, came forward. “We take pity on you,” they said. “For each affliction, we will provide a remedy. From this day forward, for each dis-ease, a plant will step forward to provide a cure.” And then the porcupines stepped forward and said. “We will offer our quills to be used to ease their pain.”<sup>95</sup>

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My people, The Eastern Band Cherokee, Wolf Clan, have developed a comprehensive, sophisticated system of healing that encompasses acupuncture, botanical medicine, bodywork, and energy healing, passed down the generations from the Paleo-Indian Period (10,000–8,000 BCE) to the present. Central to our medicine bag is the powerful use of acupuncture, using needles made of thorns or porcupine quills, to provide a sense of wellbeing in both acute and chronic dis-ease. Commonly breath is incorporated to reanimate the body and “draw Great (Holy) Spirit” into our tissues.⁹⁶ This ancient tool of relief from emotional, spiritual, or physical pain, works immediately, and more potently with regular use. With the insertion of a clean quill or a sterile solid monofilament into connective tissue there is no risk of infection, blood contamination, or unwanted side effects. It is cheap, mobile, easily learned, works with individuals or groups, used worldwide, and I believe ought to be ubiquitous in our communities of faith. With the help of Faith Community Nurses, that hope more easily can become a reality.

⁹⁵ Adapted from the words of Cherokee Medicine-Priest David Winston at our Summer Solstice 1999.

⁹⁶ James Mooney, *The Swimmer Manuscript: Cherokee Sacred Formulas and Medicinal Prescriptions* (Washington DC: United States Government Printing Office, 1932), <https://web.archive.org/web/20180821192436/https://ia800202.us.archive.org/27/items/swimmermanuscript00moon/swimmermanuscript00moon.pdf>.

NATIONAL ACUPUNCTURE DETOXIFICATION ASSOCIATION

The story of the National Acupuncture Detoxification Association (NADA) 5-Point Protocol started in South Bronx, New York by a grassroots movement in dire need to address heroin addiction in the 1960s and 1970s. Its success has been so remarkable it has proliferated across the country, indeed, around the world. It started with addicts treating addicts using this non-chemical treatment modality for drug addiction. Its use in treating various forms of pain, anxiety, insomnia, trauma, and other acute and chronic forms of dis-ease is so apparent, it has spread across the world in every setting imaginable. It is simple, reproducible, and inexpensive and has documented success in the United States Armed Forces, disaster relief efforts, operating rooms, medical offices, and currently—faith-based communities.

Consisting of five points in each outer ear—Shen Men, sympathetic, kidney, liver, and lung—these points are understood to have a balancing effect on the body.⁹⁷ The protocol is easily taught to anyone able to use one hand. With practice, “needling” can be placed without any other touch. It provides immediate and long-term relief of various emotional, spiritual, or physical pain. It is a non-verbal therapy that is applied to individuals and groups. No diagnosis is required. It is low cost. The NADA protocol can be used within non-medical, non-professional, and faith-based settings. Used as a form of public health, the NADA protocol has been offered to groups of members at synagogues, mosques, and churches.

⁹⁷ Appendix D: NADA Ear.



MY INTRODUCTION TO NADA

I was first introduced to the NADA protocol in October 2000 while working as a family physician in a Harvard-Dartmouth clinic. It was an affluent community with unlimited resources. With the mounting cost of healthcare, it is apparent we need to find better ways to provide health and healing.

I had studied botanical medicine and clinical nutrition for decades. But I was still in search for a simple technique that could be used in all settings for all who suffer. Something that could be used easily by anyone. Since childhood, I felt a tug in my heart saying . . . “God has a simple but powerful medicine for everything that ails you.” To my utter shock, I found it in the poverty stricken South Bronx, New York amongst heroin addicts!

I showed up for a two-week training session to learn a “simple protocol that helps individuals feel better.” Little did I know. I was given a key to a “house officer sleeping quarters” for the stay. It was located on the 5th Floor, the West Wing, Unit 12. I was the only trainee with more than a high school degree. My classmates were all heroin addicts with at least six months of recovery. Some seemed pretty strung out to me. Our first lecture was a smattering of Higher Power, the need for unblocked Chi, importance of a whole-person approach, the belief that healing is for everyone, and anyone can be a healer. Immediately, I felt at home.

⁹⁸ NADA logo.

After a day of learning about the “NADA 5-Point Protocol” we began with treating one another. My heart was racing with all the excitement. Carlos, our teacher, placed the needles for my first NADA treatment. In a few moments I felt at ease, peaceful, and in balance. It was certainly an uncommon feeling for me. With two demanding vocations, my life always felt supercharged! That night I slept like a baby.

The next morning, still not fully accepting this whole hocus pocus, I embarked on our first clinic. Clients from all lifestyles penetrated the quiet dimly lit room wearing ragged street clothes, various types of work clothes, and even a handful had \$1,000 3-piece suits. Several had a tremor. Others reeked of alcohol, tobacco, or just unbathed. One client was conversing with himself in a soft tone. Each was on edge in their own unique manner. With all the colorful behavior and dress, most obvious and enduring was the palpable air of hope permeating the room. That I was not expecting.

One-by-one I saw the edges release. Those shaky were calmed. The talker was silenced, and a big smile came upon him. After 30-45 minutes every person appeared changed. I still was not convinced. Day-after-day for the remaining two weeks, I saw this repeated. Without exception, everyone felt a sense of wellbeing and were planning to come for more. I was intrigued.

Eighteen years later, I have seen this simple NADA treatment make multiple thousands of people feel better. Healing ranged from the deep emotional pain of past trauma, to chronic fatigue, to immediate relief from migraines, and everything in between. I have given treatments to congregants at bedside, at graveside, at the kitchen

table, with family members, during counseling sessions, after a fall with a broken arm, and every conceivable daily encounter found in a faith-based community. With routine treatments people tell me they “feel a new sense of wellbeing.”

UNITED STATES AIR FORCE USES EAR ACUPUNCTURE

The United States Armed Forces are teaching ear acupuncture to their physicians. The term “battlefield acupuncture” was first used in 2001, by Col. Richard Niemtzow MD, PhD, while serving as a consultant to the Surgeon General of the Air Force.

The procedure was initially introduced in 2008 at Landstuhl (Germany) Regional Medical Center (LRMC), where it was applied to wounded service members and local patients for pain relief, with significant results. Due to its remarkable treatment outcomes, in 2009, it was announced that the U.S. Air Force would begin training physicians being deployed to Iraq and Afghanistan. The treatment uses small solid needles in the skin of the ear to block pain in as few as five minutes and can last for several days or longer.

One of the pain specialists at LRMC personally experienced a 25 percent increased range of motion and a 50 percent reduction in pain for chronic shoulder and upper back pain he endured for several years. Because of his outstanding benefit, he recruited his most challenging patients for whom traditional pain treatment offered limited relief. Within minutes of inserting the needles, many said their pain had been reduced by up to 75 percent. A 25 percent reduction would be considered a success with traditional pain medications.⁹⁹

⁹⁹ John Amaro, “Battlefield Acupuncture for the Clinical Practitioner,” *Acupuncture Today* 10, no. 4 (2009), accessed August 25, 2018, <https://web.archive.org/save/https://www.acupuncturetoday.com/mpacms/at/article.php?id=31917>.

NADA AND MEDICAL RESERVES CORPS

The Medical Reserve Corps (MRC) is a national network of more than 200,000 local volunteers dedicated to the safety, preparedness, and health of their communities. After observing the powerful relief, the NADA protocol provided with both first-responders and survivors at the September 11, 2001, attacks and Hurricane Katrina devastation, MRC set up a special unit dedicated to performing the NADA protocol as a post-trauma treatment. The Colorado MRC was deployed to the Colorado Springs recovery center on November 27, 2015, after the shooting at a Planned Parenthood in Colorado Springs. They provided NADA treatments to more than 150 people, mostly first responders.

In other parts of the country, MRC units are incorporating the NADA Protocol into their own response and recovery efforts. In Texas, for example, an MRC unit began using NADA treatments following the severe flooding in 2015 and 2016. More recently, after learning about the NADA treatments benefit at Superstorm Hurricane Sandy in 2012, the Nassau County MRC in New York started training all personnel in the Protocol.¹⁰⁰

SPIRITUAL AND EMOTIONAL APPLICATIONS

The NADA protocol has evolved into a widely implemented acupuncture-assisted protocol for a broad set of physical, spiritual, and behavior health applications. The following are a few of the studies published showing impressive results:

¹⁰⁰ Mary Radebach, "Whatever it takes: Medical Reserve Corps Volunteers Leverage Eastern Tradition to Aid Behavioral Health After Disasters," *Public Health Emergency, US Dept of Health and Human Service*, originally written August 16, 2017, accessed August 21, 2018. <https://web.archive.org/web/20180821193818/https://www.phe.gov/ASPRBlog/Lists/Posts/Post.aspx?ID=276>.

1. September 11, 2001, NADA treatments were found effective for people experiencing post-traumatic stress syndrome after the attacks in New York City.¹⁰¹
2. In 2005, after hurricanes Katrina and Rita, NADA treatment helped people relax and cope better with the traumatic experience so successfully that Louisiana State Legislature passed a law increasing access to this tool.¹⁰²
3. In 2005, the non-profit world-wide relief agency, Acupuncturists Without Borders, started using NADA treatments, almost exclusively, to aid in disaster situations throughout the world.¹⁰³
4. IN 2012, A study of breast Cancer patients receiving NADA treatments showed improved physical and emotional wellbeing.¹⁰⁴
5. In 2014, homeless veterans who received NADA treatments twice weekly for 10 weeks had significantly reduced anxiety levels.¹⁰⁵
6. In 2014, NADA treatments were found effective as an intervention for the relief of stress and anxiety in health care workers experiencing burnout and compassion fatigue.¹⁰⁶

¹⁰¹ Michael Smith, "The Use of Acupuncture in Addiction Treatment Programs," *Huffington Post* (2012), 16.

¹⁰² Louisiana State Board of Medical Examiners, Louisiana Revised Statutes Title 37, §1357.1.

¹⁰³ Admin@AcuWithoutBorders.org, *Acupuncturists Without Borders*, December 17, 2017, accessed August 21, 2018, <https://web.archive.org/web/20180821194249/http://www.acuwithoutborders.org/acupuncture-for-trauma/>.

¹⁰⁴ Beverley de Valois, Teresa E. Young, Christine McCourt Nicola Robinson, and Elizabeth Jane Maher, "NADA Ear Acupuncture for Breast Cancer Treatment," *Medical Acupuncture* 24, no. 4 (2012).

¹⁰⁵ Bei-Hung Chang and Elizabeth Sommers, "Acupuncture and Relaxation Response for Craving and Anxiety Reduction Among Military Veterans in Recovery from Substance Use Disorder," *American Journal of Addictions* 23 no. 2 (2013): 129-36.

¹⁰⁶ Patricia M. Reilly, Teresa M. Buchanan, Carol Vafides, Suellen Breakey, and Patricia Dukes, "Auricular Acupuncture to Relieve Healthcare Workers' Stress and Anxiety: Impact on Caring," *Dimensions of Critical Care Nursing* 33, no. 3 (May-June 2014): 151-59.

7. In 2015, NADA treatments helped patients suffering from impulsivity to feel “still” and experience wellbeing.¹⁰⁷
8. In 2016, NADA treatments were found to be helpful in treating patients with anxiety disorder and major depressive disorder.¹⁰⁸

HEALTH MINISTRIES AND COMMUNITY HEALTH

What faith-based community does not yearn for a renewed capacity for wellness? The NADA protocol provides a powerful tool for congregations and the public, enabling rejuvenated wellness. Faith community nursing is one way to make it more widely available to both our congregations and the community it serves. Indeed, with the advent of faith community nursing, many denominations sought spiritual direction on how their organization might respond to mounting needs of public health. In 1997, the United Church of Christ, at its 21st General Synod, passed a resolution entitled “Reclaiming the Church’s Ministry on Health and Healing.”¹⁰⁹ It starts with,

Health is harmony with self and others, the environment, and with God—a continuum of physical, social, psychological, and spiritual well-being. Health ministry is the promotion of healing and health as wholeness, as a mission of a faith community to its members and the community it serves.

¹⁰⁷ Kenneth Carter and Michelle Olshan-Perlmutter, “Impulsivity and Stillness: NADA, Pharmaceuticals, and Psychotherapy,” *Behavioral Sciences* 5, no. 4 (December 2015): 537–546.

¹⁰⁸ Lukas de Lorent, Agorastos Agorastos, Alexander Yassouridis, Michael Kellner, and Christoph Muhtz “Auricular Acupuncture Versus Progressive Muscle Relaxation in Patient with Anxiety Disorders or Major Depressive Disorder,” *Journal of Acupuncture and Meridian Studies* 9 (2016): 191–199.

¹⁰⁹ Appendix B: UCC Resolution—Ministry on Health and Healing, “General Synod 21—Reclaiming the Churches’ Ministry on Health and Healing,” *United Church of Christ* (1997), accessed August 30, 2018, https://web.archive.org/web/20180830202150/http://www.ucc.org/justice_health_general-synod-21-reclaiming.

One of the outcomes of this resolution was a renewed interest in our denominational health ministries. At Shadow Rock UCC in Phoenix, Arizona, I participate in a health ministry. We have a “sanctuary” underneath our sanctuary. It houses undocumented migrants who may stay with us for days or years. The NADA protocol extends stress relief to both the migrant guests and the congregants who serve them.

NOGALES ARIZONA CHILD SEPARATION STORY

On Thursday, June 14, 2018, I received a call for help at the Nogales Port of Entry into the United States. “Hispanic migrants are having their children taken from them and are inconsolable. The Border Guards are having melt-downs. We need some of that miracle work you do!” I grabbed my NADA bag and drove to the US-Mexico Border.

When I arrived, mid-afternoon, the temperature nearing 114 degrees F, the place looked like a war zone. Perhaps because it was. A dozen adult Hispanic men and women looking shell shocked were huddled together just a few yards from the U.S. side of the border. They were arguing among themselves. One yelled, “Yo no save, nada!” A five-foot woman with a torn hat and barefoot was weeping. Her pulse was tachycardic. Her breathing abnormal. I asked her what had happened to cause her so much grief? She could not stop weeping enough to answer.

In a few moments, one of the North American guards walked over to me. I was in a clerical collar with my white physician coat. He appeared deeply shaken. “I am only going by orders. These are not my rules. This is crazy. We are taking

babies out of the arms of mothers. I don't know what to do with a crying baby. I didn't sign up for this!" he complained.

I took a deep breath, asking for calm, reached into my medicine bag to find a miracle, and pulled out a set of NADA Protocol needles. I asked the weeping mother if she would like for me to help ease her pain. With wet frightened eyes she looked up and asked what could I do? She was trembling. I told her, if we could catch our breath and consider the options, we could do it together. I showed her the ear acupuncture needles and offered to treat her. Sitting on the dirt, in the hot sun, I inserted five needles into each ear. Within a few minutes she had stopped crying. After 15 minutes, her pulse and breathing returned to normal. She was bewildered. I had seen it so often I was not surprised.

Thirty of so minutes later, the North American Border guard walked over. He was so impressed by the change in her, he asked if I would give him a NADA treatment. Another 15 minutes and each were able to converse and work toward finding a solution, together.

CONVINCE ME WITH THE SCIENCE

I am passionate about the NADA protocol, the movement it has created, and its potential for healing, wholeness, and wellness. However, as a physician I still need to be convinced of the hard science of its efficacy. My quest to experience the science firsthand led me to design a cohort study of my own. Chapter 5 is a summary.

Chapter 5: Retrospective Data Analysis of NADA 5-pt Ear Acupuncture

Science without religion is lame, religion without science is blind.
—Albert Einstein

After nearing a decade of using the NADA 5-pt Protocol with positive anecdotal outcomes, the scientist in me developed a need for my own objective proof that this new-found medicine was indeed real. Using data from my private medical practice, I conducted a retrospective analysis. Institutional Review Board approval was obtained on April 14, 2017, from Claremont School of Theology.

INTRODUCTION

It is believed simple forms of acupuncture date back to the Stone Age with skilled use of primitive sharp stones and bamboo, then fish bones, porcupine quills, and today metal solid needles. On North American soil, Native Americans use thorn puncture as a staple of their doctoring.

The Ebers papyrus is an Egyptian compilation of medical texts dated about 1550 BCE, one of the oldest known medical works. The scroll contains 700 magical formulas and folk remedies meant to cure afflictions ranging from crocodile bite to toenail pain to ridding the house of such pests as flies, rats, and scorpions. It describes “a system of channels and vessels in the body which approximates more closely to the Chinese system of channels than to any known system of blood vessels, lymph vessels, or nerves.”¹¹⁰ Hippocrates (c. 460-375 BCE), “the father of Greek medicine, reported that doctors made small openings in the veins situated behind the ear to facilitate ejaculation and reduce

¹¹⁰ Encyclopædia Britannica, “*Ebers Papyrus*” (London: Encyclopædia Britannica Inc, 2018), accessed August 1, 2018, <https://www.britannica.com/topic/Ebers-papyrus>.

impotency problems. Cutting of veins situated behind the ear was also used to treat leg pain.”¹¹¹

Paul Nogier, MD a practicing physician in Lyons, France, reintroduced acupuncture with treatments to the human ear by studying the correspondences between ear points and organs.¹¹² In February 1956, he first presented his clinical observations to the Congress of the Mediterranean Society of Acupuncture.¹¹³ Dr Nogier viewed auricular acupuncture as a self-contained microsystem that can affect the whole body. Research on this microsystem was performed by acupuncturists working with the Chinese Nanking Army. The medical unit within the Chinese Nanking Army tested this microsystem on thousands of patients and substantiated Nogier’s conceptualization of the somatotopic representation to the auricle.¹¹⁴

The National Institutes of Health published a Statement on Acupuncture from their Consensus Development Conference of November 3-5, 1997, stating:

Acupuncture as a therapeutic intervention is widely practiced in the United States. . . . Promising results have emerged, for example, showing efficacy of acupuncture in adult postoperative and chemotherapy nausea and vomiting and in postoperative dental pain. There are other situations such as addiction, stroke rehabilitation, headache, menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, and asthma, in which acupuncture may be useful as an adjunct treatment or an acceptable alternative or be included in a comprehensive management program.¹¹⁵

¹¹¹ Elizabeth Mary Craik, “Hippocratic Bodily Channels and Oriental Parallels,” *Medical History* 53 no. 1 (2009): 105-16.

¹¹² Raphaël Nogier, “How Did Paul Nogier Establish the Map of the Ear?,” *Medical Acupuncture* 26 no. 2 (2014): 76–83.

¹¹³ Paul Nogier, “Acupuncture of the Ear Pavilion [in German],” *Deutsche Zeitschrift für Akupunktur* (DZA) Band VI (1957): 25-35.

¹¹⁴ Terry Oleson, *Auriculotherapy Manual: Chinese and Western Systems of Ear Acupuncture* (New York: Churchill Livingstone Elsevier, 2014).

¹¹⁵ National Institutes of Health, “Acupuncture,” *National Institutes of Health Consensus Development Conference Statement* (November 3-5, 1997): 1-34.

Guided imagery (also used in the study) is a form of stress reduction and relaxation. Its use has been found in Native American and other indigenous traditions; Hinduism, Judeo-Christian, and other religious traditions; and traditional Chinese medicine. Today, it is a commonly used adjunct to treatment in multiple healing fields.¹¹⁶

MATERIALS AND METHODS

Study Design

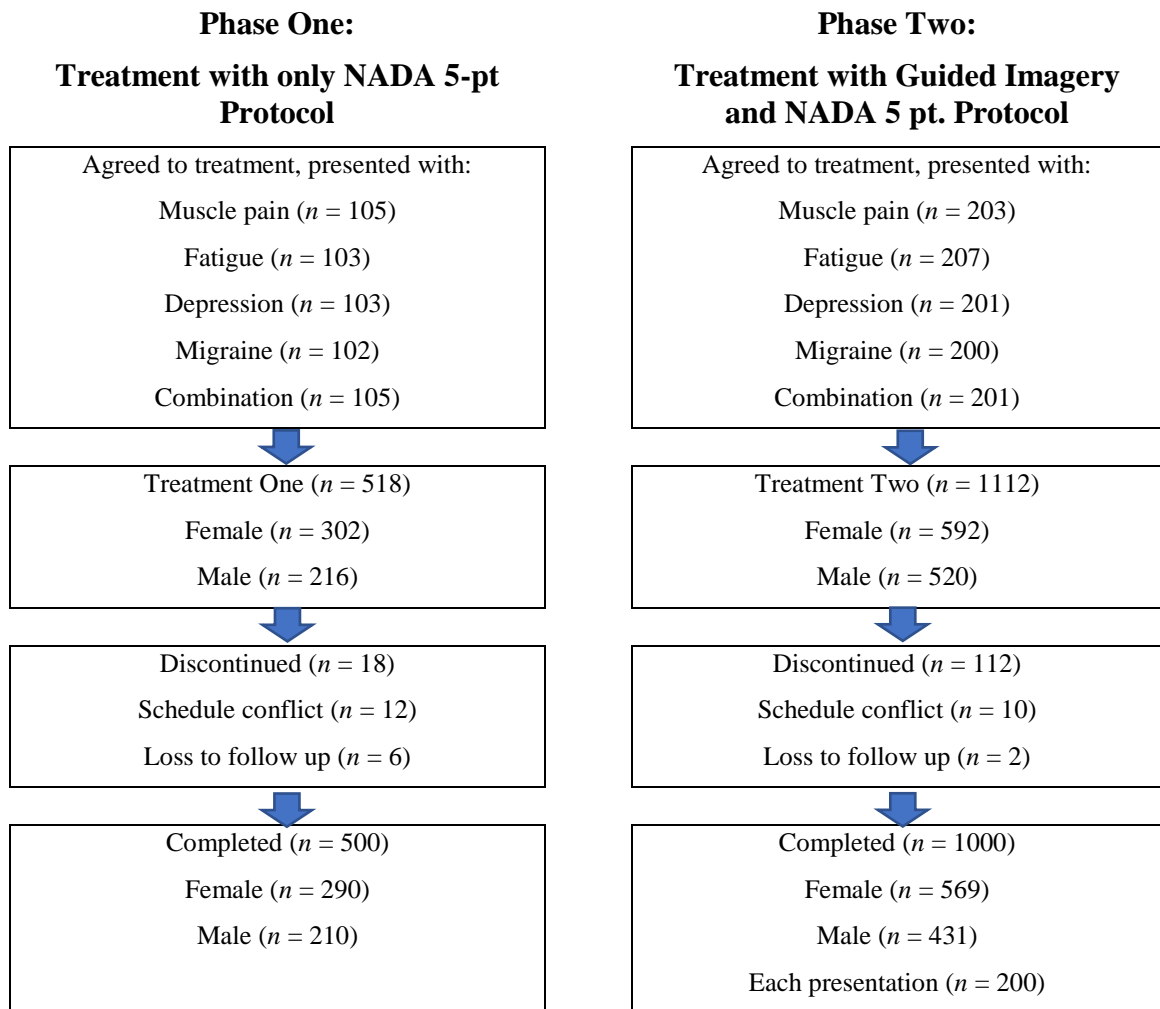


Figure 1: Participant flowchart.

¹¹⁶ Joe Utay and Megan Miller, "Guided Imagery as an Effective Therapeutic Technique: A Brief Review of its History and Efficacy Research," *Journal of Instructional Psychology* 33 no. 1 (2006): 1-5.

Each patient presenting to my private medical practice with one or more of the following complaints: muscle pain fatigue, depression, migraine (Pain score 8+/10) was offered auricular acupuncture. During Phase One, all subjects who agreed to complete three treatments 1-2 weeks apart were enrolled in the study. Enrollment continued until 100 participants from each presenting complaint completed the treatments. Phase Two required subjects to complete six treatments: the first three solely with Guided Imagery and the last three including both Guided Imagery and the NADA 5-pt Protocol. Subjects continued enrollment until 200 participants from each presenting complaint completed the treatments. No compensation was exchanged.

SUBJECTS AND SETTING

Subjects were all North American adults from the ages of 18 to 92 presenting unsolicited to a Northern Arizona family practice clinic throughout the year. Treatment was conducted in a small exam room with dimmed lighting, a comfortable straight-backed chair, a scenic tapestry on one wall, a large lit candle on a small table in one corner, and a Bose sound system playing music from Carlos Nakai. Patients sat alone with no interruption for 45 minutes.

Phase One of the trial was conducted from January 11, 2010–March 11, 2011. The subjects received the NADA protocol then sat quietly for 45 minutes with Carlos Nakai music as background. Five hundred subjects (100 in each presenting category) completed the study; the female to male ratio was 1.38:1. Only 18 subjects discontinued the study for scheduling conflicts or loss to follow up.

Phase Two of the trial was conducted from January 7, 2013–November 30, 2015. One thousand subjects (200 in each presenting category) completed the study; the female

to male ratio was 1.32:1. Only 112 subjects discontinued the study for scheduling conflicts or loss to follow up.

TREATMENT

Treatment in Phase One of the trial consisted of subjects who received bilateral acupuncture with indwelling solid monofilaments (slowly twisted with gentle force) at five auricular acupuncture points (NADA 5-pt Protocol: Shen-men, sympathetic, kidney, liver, and lung acupoints) while sitting alone in a small dimly lit room for 45 minutes.¹¹⁷

During Phase Two of the trial, subjects listened to a taped version of the Guided Imagery with Carlos Nakai music in the background.¹¹⁸ After three 45-minute treatments solely with the guided imagery, these patients received three additional treatments with both the guided imagery and the NADA protocol.

MEASUREMENT

Immediately after completing the treatment, patients were asked to fill out an evaluation that included a scale of 1 to 5: 1 = no improvement, 5 = complete resolution. The average of all patients completing the treatments was 4.578 as shown in Table 1 and Figure 2.¹¹⁹

TABLE 1: Phase one-NADA only

Phase One	Muscle pain	Fatigue	Depression	Migraine	Combination
Mean	4.51	4.42	4.78	4.81	4.68
Median	4.33	4.30	4.61	4.65	4.58
Mode	4	4	4	4	4
Range	3-5	3-5	3-5	4-5	3-5

¹¹⁷ Appendix D: NADA Protocol.

¹¹⁸ Appendix E: Guided Imagery.

¹¹⁹ Of note, Phase One data showed (with only a few exceptions) patients rated the 3rd NADA Protocol treatment (average 4.871) higher than the 1st treatment (average 4.218). Likewise, Phase Two data showed 4.914 and 4.327.

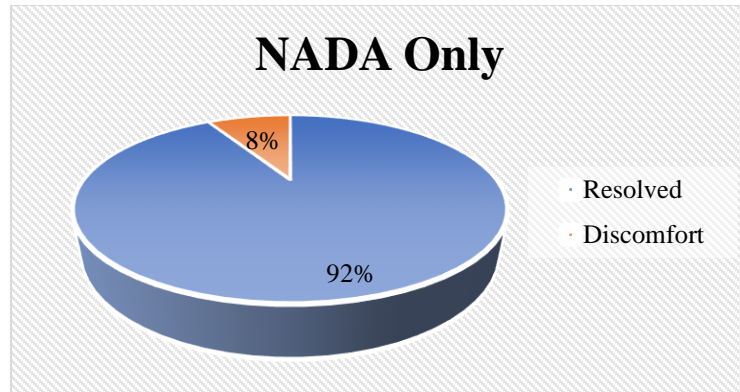


Figure 2. Phase one-NADA only.

The average of all patients completing the first three treatments was 2.346 as shown in Table 2 and Figure 3.

TABLE 2: Phase two-Guided imagery only

Phase Two –Guided Imagery Only	Muscle pain	Fatigue	Depression	Migraine	Combination
Mean	2.27	1.97	2.43	2.62	2.44
Median	2.15	1.82	2.34	2.51	2.33
Mode	2	2	2	2	2
Range	1-3	1-3	1-3	1-3	1-3

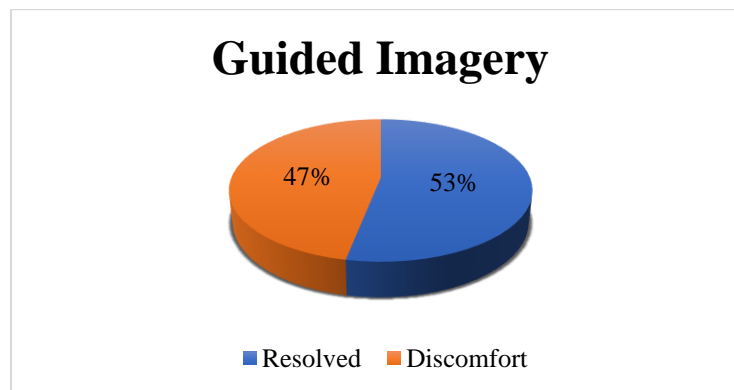
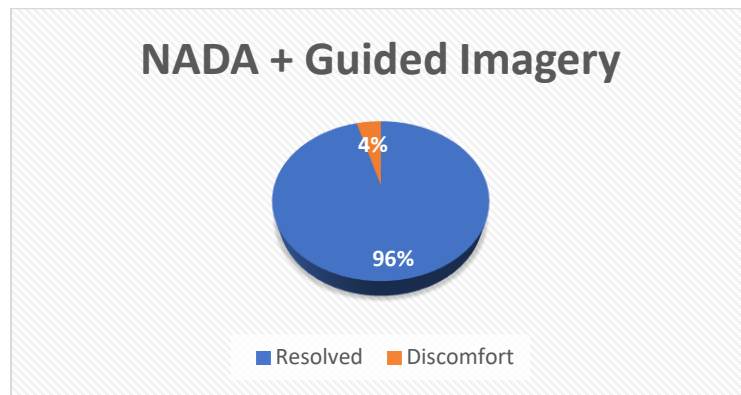


Figure 3. Phase two-Guided imagery only.

TABLE 3: Phase two-Guided imagery + NADA

Phase Two –Guided Imagery + NADA	Muscle pain	Fatigue	Depression	Migraine	Combination
Mean	4.62	4.57	4.91	4.98	4.83
Median	4.54	4.39	4.84	4.87	4.69
Mode	4	4	4	4	4
Range	3-5	3-5	3-5	4-5	3-5

The average of the last three treatments with patients completing all six was 4.782 as shown in Table 3 and Figure 4.

**Figure 4.** Phase two-NADA + guided imagery.

STUDY RESULTS

As the tables illustrated, all 1,500 subjects received significant resolution of their pain from the NADA protocol. Guided Imagery alone offered some relief of symptoms. The combination of the NADA protocol with Guided Imagery provided near eradication of symptoms. It appears NADA protocol treatment is cumulative, at least in this short-term study.

DISCUSSION

Auricular acupuncture is a low tech, low cost, mobile treatment requiring no diagnosis, no professional setting, and little expertise. This study showed effective treatment for each of the presenting complaints. Although, the NADA protocol was first designed to treat addictions, it clearly has use in other forms of symptom relief and wellbeing. Further studies on adolescent subjects would be meaningful.

STUDY CONCLUSION

Bilateral acupuncture with indwelling solid monofilaments (slowly twisted with gentle force) at five auricular acupuncture points (NADA protocol: Shen-men, sympathetic, kidney, liver, and lung acupoints) proved to be effective in symptom resolution in this study's 1,500 subjects from muscle pain, fatigue, depression, migraine, or a combination. This cohort study gives additional scientific support for the NADA protocol as a powerful tool for healing, wholeness, and wellness. The next step is implementation. We need the borrowed eyes of God to midwife this movement of AcuWholeness for all! I suggest a plan in Chapter 6.

Chapter 6: AcuWholeness Now!

There is a criterion for knowing whether God is close to us or far away: all those who worry about the hungry, the naked, the poor, the disappeared, the tortured, the imprisoned – about any suffering human being – are close to God.¹²⁰

— Archbishop Oscar Romero

WELLNESS MIDWIFERY

I sense God is near when I work with the suffering around me. Personal suffering comes to us all: red, white, brown, green, purple, young, old, male, female, and everything in between. Articulation of my own suffering and imprisonment steering me to the hard work of healing and recovery engendered in me a strong stance in support of others who suffer. Facing one's own demons and feelings of imprisonment, with the lens of the sacred, thrusts one forward determined to help relieve the suffering of others. The taste of a theology of liberation changes one forever. As a priest, as a healer, forever, I am firmly committed to midwife healing, wholeness, wellness to myself, and those around me.

God desires us healthy, well, and whole. We each have a part in our own and others' healing and recovery. Health ministries, including faith community nursing, provide an effective mechanism for reaching our members, our community, and the world. NADA protocol is a tool to enhance those efforts.

NADA, in Spanish means nothing. The NADA protocol is a no-nonsense, non-verbal, no-drugs, no barriers, low cost, cross-cultural, clinically effective tool for healing. It promotes recovery, calmness, better sleep, less agitation, and relief from stress or emotional trauma. This powerful, proven, simple tool disseminates inner quiet and

¹²⁰ Oscar Romero, *La Iglesia Cuya Debilidad se Apoya en Cristo: Quinto Domingo del Tiempo Ordinario, La Palabra Viva de Monsen* (5 de febrero de 1978), <https://web.archive.org/web/20180903171237/http://servicioskoinonia.org/romero/homilias/A/780205.htm>.

strength. “AcuWholeness” is using the NADA protocol on ourselves, our faith-based community, and our community at large. Indeed, the whole world promotes wellbeing, wholeness, and healing embodied in the NADA spirit: simple, affordable, and available for anyone who wants it. Let us teach it to the multitudes.

POLITICS

Unfortunately, auricular acupuncture has a political side in today’s U.S. culture. Although we have a tool and a mechanism to offer this potent powerful ancient remedy, we need a mechanism to administer it legally. Here is where NADA, the certifying agency comes into play.

The National Acupuncture Detoxification Association (NADA), a not-for-profit training and advocacy organization, encourages community wellness through the gentle placement of five small, sterilized disposable solid monofilaments into specific sites on each ear for physical wellness, behavioral health, and disaster and emotional trauma. The recipients sit quietly individually or in a group setting for 30-45 minutes allowing the treatment to take effect. Treatments are effective spontaneously and improve with regular intervals.

State, provincial, tribal, and regional laws and regulations vary when it comes to non-acupuncturists practicing this protocol. NADA continues working on public health initiatives to expand access to NADA training and practice for non-acupuncturists. To date, 21 states permit persons who have completed a 70-hour Acudetox Specialist training course to administer the NADA protocol legally without other licenses or certifications. Each State has its own regulation.¹²¹

¹²¹ “NADA Regulations,” NADA, accessed September 25, 2018, <https://acudetox.com/resources/regulations/>.

Acupressure is another technique using seeds and beads.¹²² Peer review professional studies have recently published efficacious use in treating: anxiety, hip fracture pain, and after surgery.^{123 124 125} This simple ear point stimulation provides remarkable benefit. Self-use is common and requires no certification. Walmart sells seeds for a penny a seed.

OURSELVES

Clergy (helping professions) burnout is characterized by emotional exhaustion, feeling drained, low satisfaction, and discouragement.^{126 127} The term “burnout” was coined in the 1970s by the American psychologist Herbert Freudenberger. Freudenberger defined burnout to be a “state of mental and physical exhaustion caused by one’s professional life.”¹²⁸ He used it to describe the consequences of severe stress and high ideals common in helping professions. Working in caretaking careers or as a primary caregiver for someone disabled creates a unique emotional and physical stress called “compassion fatigue.” Normal symptoms of compassion fatigue include nervous system arousal (sleep disturbance), anxiety, depression, post-traumatic stress disorder, loss of

¹²² “NADA MRC Handout: Ear Acupoints for Trauma Recovery and Healing,” NADA, accessed September 25, 2018, <https://web.archive.org/web/20180925162906/https://www.acudetox.com/phocadownload/Resources/MRC-NADA%20Handout%20Ear%20Acupoints%20for%20Trauma%20Recovery-Finalv2.pdf>.

¹²³ Fan Qu and Dan Zhang, “Auricular Acupressure Reduces Anxiety Levels and Improves Outcomes of in Vitro Fertilization: A Prospective, Randomized and Controlled Study,” *Scientific Reports* 4 no. 5028 (May 2014): 1-7.

¹²⁴ Renate Barker and Alexander Kober, “Out-of-hospital Auricular Acupressure in Elder Patients with Hip Fracture: A Randomized Double-Blinded Trial,” *Academic Emergency Medicine* 13 no. 1 (2006): 19-23.

¹²⁵ Ling-hua Chang and Chung-Hua Husu, “Auricular Acupressure for Managing Postoperative Pain and Knee Motion in Patients with Total Knee Replacement: A Randomized Sham Control Study,” *Evidence-Based Complementary and Alternative Medicine* 2012, Article ID 528452 (2012), 7 pages.

¹²⁶ Barna Research Group, “The State of Pastors: How Today’s Faith Leaders are Navigating Life and Leadership in an Age of Complexity” (Ventura: Barna Group, 2017), <https://web.archive.org/web/20180922194915/https://www.barna.com/burnout-breakdown-barnas-risk-metric-pastors/>.

¹²⁷ Laura K. Barnard and John F. Curry, “The Relationship of Clergy Burnout to Self-Compassion and Other Personality Dimensions,” *Pastoral Psychology* 61 (2011): 149-163.

¹²⁸ Herbert J. Freudenberger, “Staff Burnout,” *Journal of Social Issues* 30 no. 1 (1974): 159–165.

self-worth, existential despair, isolation, and loss of morale. It can be a residual of exposures to those suffering from the consequences of traumatic events. It can develop from a single incident or cumulative repetitive trauma.¹²⁹ When people regularly experience trauma, they can no longer nurture their inner selves. Unresolved trauma affects not only the health of individuals, but the well-being of families, communities, and entire nations. Trauma often has repercussions for generations, preventing cooperation, co-existence, and peace among the world's people.

Compassion fatigue, along with acute and chronic anxiety, is alleviated through the auricular acupuncture's inherently stress reducing abilities resulting in a distinctly calming effect on the central nervous system through neurotransmitters. Regular auricular acupuncture treatments restore peace of mind, body, and soul.¹³⁰ According to a study published by the National Institute of Health in 2014, "auricular acupuncture is an effective intervention for the relief of stress/anxiety in persons in the helping professions and supports heightened capacity for caring."¹³¹ Burnout in ourselves and in our congregants has been found to resolve with AcuWholeness: the regular use of auricular acupuncture/acupressure. We need only learn it and do it.

OUR FAITH COMMUNITIES

The emerging movements of international and interfaith health ministries, including faith community nursing, have the potential to provide a mechanism offering auricular acupuncture/acupressure to our faith communities. The power of a faith-based

¹²⁹ Stephen B. Roberts, Kevin J. Flannelly, Andrew J. Weaver, and Charles R. Rigley "Compassion Fatigue Among Chaplains, Clergy, and Other Respondents After September 11th," *The Journal of Nervous and Mental Disease* 191 no. 11 (November 2003): 757-58.

¹³⁰ Shu-Ming Wang and Zeev Kain, "Auricular Acupuncture: A Potential Treatment for Anxiety," *Anesthesia & Analgesia* 92 no. 2 (2001): 548-53.

¹³¹ Patricia M. Reilly, Teresa M. Buchanan, Carol Vafides, Suellen Breakey, and Patricia Dukes "Auricular Acupuncture to Relieve Health Care Workers' Stress and Anxiety: Impact on Caring," *Dimensions of Critical Care Nursing* 33, no. 315 (May-Jun 2014): 1-9.

community producing positive change in the lives of its members has been evidenced continuously. The coaching provided by faith community nurses creates an environment of sustained support that can promote healthy lifestyles.¹³²

In 1999, former U.S. Surgeon General Dr. David Satcher stated, “Through partnership with faith organizations and the use of health promotion and disease prevention sciences, we can form a mighty alliance to build strong, healthy, and productive communities.”¹³³ Our U.S. government is convinced! President Trump on May 3, 2018 signed an “Executive Order on the Establishment of a White House Faith and Opportunity Initiative and corresponding Centers at the Department of Education and the Departments of Labor, Health and Human Services, Justice, and Housing and Urban Development.”¹³⁴ These efforts piggy-back on “Executive Order 13198—Agency Responsibilities With Respect to Faith-Based and Community Initiatives” by President Bush on January 29, 2001.¹³⁵ The U.S. Department of Health & Human Services (HHS) Center for Faith-based and Neighborhood Partnerships (The Partnership Center) is the governments liaison to the faith-based community. HHS recognizes that without the engagement of faith-based communities, services will not reach many people who need them most. The Partnership Center works to build partnerships with faith-based organizations helping HHS serve individuals, families, and communities in need. The

¹³² Jennifer Cooper and Wendy Zimmerman, “The Effect of a Faith Community Nurse Network and Public Health Collaboration on Hypertensive Prevention and Control,” *Public Health Nurses* (2017): 1-10.

¹³³ David Satcher, “Engaging Faith Communities as Partners in Improving Community Health,” *Atlanta: Centers for Disease Control and Prevention (US), Public Health Practice Program Office* (1999): 2-3.

¹³⁴ Donald J. Trump, “Executive Order on the Establishment of a White House Faith and Opportunity Initiative,” *Law & Justice* (Washington DC: The White House, May 3, 2018), <https://web.archive.org/web/20180925182426/https://www.whitehouse.gov/presidential-actions/executive-order-establishment-white-house-faith-opportunity-initiative/>.

¹³⁵ George W. Bush, “Executive Order 13198—Agency Responsibilities with Respect to Faith-Based and Community Initiatives,” *The American Presidency Project* (January 29, 2001), <https://web.archive.org/web/20180925183027/http://www.presidency.ucsb.edu/ws/?pid=45708>.

Partnership Center exists to supply information, resources, and encouragement to faith-based organizations in their service to their communities.”¹³⁶

Imagine having a proven tool to bring acute and long-term healing and wellness to our congregants that does not require a large fundraising effort! With a little simple training this tool can improve the health of our faith communities costing pennies.

OUR LOCAL COMMUNITIES

We move around in the world encountering suffering people throughout our day. How incredible would it be to offer substantial relief to a friend in need? There is an evolving world of faith and community partnerships: People of faith working together for healthier communities.¹³⁷

The HMA is one such partnership.

Health ministries include the many ministries of a faith community that promote wholistic health. Health is viewed as a gift from God and a way of relational living in community. These caring ministries are an essential part of congregational life. They incorporate the values, beliefs, and practices of a faith community as components in motivating persons toward health and wholeness. Health promotion and religious beliefs are integrated into the normal cycles of life—birth, wellness, development, maturation, illness, and death—to celebrate life; to enhance coping, wholeness, and a sense of peace; and improve community well-being. Intentional contextual practices of caring, honor a faith community’s sense of mutual dependence and foster persons’ ability to both give and receive care.¹³⁸

HMA encourages, supports, and empowers leaders who integrate faith with the promotion of health and wholeness in local communities. Membership is made up of health ministers, faith community nurses, clergy, chaplains, faculty, and program leaders

¹³⁶ Center for Faith-Based and Neighborhood Partnerships (CFBNP), “About Faith-based and Neighborhood Partnerships,” *U.S. Department of Health & Human Services* (October 26, 2017), <https://web.archive.org/web/20180915203618/https://www.hhs.gov/about/agencies/iea/partnerships/about-the-partnership-center/index.html>.

¹³⁷ Pamela F. Cipriano, “Faith, Community, and Health: Partnerships with Good Neighbors,” *American Nurse Today* 9, no. 2 (February 2014).

¹³⁸ “What is Health Ministry?” Health Ministries Association, Inc., accessed September 25, 2018, <https://web.archive.org/web/20180925205027/https://hmassoc.org/about-us/what-we-do/>.

who have developed and provide health ministries in diverse faith communities. Faith community health networks of all faiths are popping up all over the country. They promote health, healing, and wholeness as part of the mission and ministry of a congregation for its members and the larger community it serves. These networks provide a way to integrate wellness and faith within congregations, and develop collaborative networks with neighborhood and community groups, agencies, and health systems.¹³⁹

The MRC is a national network of local groups of volunteers (commonly from faith communities) committed to improving the health, safety, and resiliency of their communities. The Colorado Acupuncture Medical Reserve Corps (CAMRC) is the first statewide all-acupuncture federally-approved medical reserve corps in the United States. CAMRC is a group of acupuncturists and licensed health care professionals, who volunteer their time and services in times of need. They set-up mobile clinics during disaster situations and offer free auricular acupuncture treatments that help people to cope during times of great stress. Their volunteers offer trainings on how to set up clinics in a disaster situation.¹⁴⁰

INDEED, THE WORLD

Unresolved trauma¹⁴¹ affects not only the health of individuals, but the well-being of families, communities, and entire nations. Trauma often has repercussions for generations, preventing cooperation, co-existence and peace among the world's people.

¹³⁹ Mary Chase-Ziolek, *Health, Healing & Wholeness: Engaging Congregations in Ministries of Health* (Cleveland: The Pilgrim Press, 2005).

¹⁴⁰ "Colorado Acupuncture MRC," *CAMRC*, accessed September 25, 2018, <https://web.archive.org/web/20180925212118/http://www.coloradoacupuncturemrc.org>.

¹⁴¹ Diagnostic and Statistical Manual of Mental Disorders-5 defines a traumatic event as "The person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence as follows: (one required) 1. Direct exposure. 2. Witnessing, in person. 3. Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental. 4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties."

Acupuncturists Without Borders is a non-profit organization which uses the NADA protocol to provide disaster relief, recovery, and support to communities affected by disasters, human conflict, environmental devastation, poverty, and social injustice.¹⁴² Relief is currently ongoing in Israel, the West Bank, Nepal, Mongolia, Haiti, and Mexico.

The NADA protocol has been so effective in a short time; it spread throughout the world both as a daily treatment of chronic suffering and during disasters or acute disease. National Acupuncture Detoxification Association U.S.A. has branched into NADA Austria, NADA Canada, NADA Denmark, NADA Finland, NADA Germany, NADA Greece, NADA India Foundation, NADA Ireland, NADA Japan, NADA Norway, NADA Philippines, NADA South Africa, NADA Sweden, NADA Switzerland, NADA Tunisia, and NADA U.K. Other territories and countries practicing NADA include Bermuda, Bhutan, Canada, Chile, Colombia, Croatia, Ecuador, Guatemala, Greenland, Haiti, Honduras, Hungary, Iran, Israel, Italy, Kenya, Mexico, Nepal, Peru, Puerto Rico, Romania, Russia, Singapore, Thailand, Trinidad and Tobago, Uganda, Uzbekistan and the list is growing.¹⁴³

AcuWHOLENESS FOR ALL!

Small and large faith-based communities would be enriched to learn about holistic health ministries and incorporate these principles in their mission. It behooves every member to work individually and collectively toward mutual health, wellness, and wholeness. The NADA protocol tool is simple to learn, easily accessible and trouble-free

¹⁴² “Acupuncturists Without Borders,” accessed September 28, 2018, <https://web.archive.org/web/20180928192207/http://www.acuwithoutborders.org/about/mission-history/>.

¹⁴³ NADA, “NADA International,” accessed October 11, 2018, <https://web.archive.org/web/20181011230842/https://acudetox.com/international/>.

to administer. Auricular acupuncture, NADA in particular, is a proven tool for healing, wellness, and wholeness.

With advanced theological praxis in a theology of wellness (healing and wholeness), knowledge with experience in Westberg's legacy of health ministries focused on a wholistic approach, and skills in using the NADA protocol acquired, I am ready to help midwife (my Third Act) this new endeavor of AcuWholeness with myself, my faith-based community, and the community in which we live.¹⁴⁴ This final chapter should be written by faith communities. It is up to you to engage in faith-based community wellness ministries. Get certified in the NADA protocol. Join the movement.

¹⁴⁴ Granger is the founder of the Wholistic Health Movement and Faith Community Nursing (Chapter 3).

Bibliography

- Acupuncturists Without Borders. "About AWB: Our Vision, Mission, and Strategy." Accessed September 28, 2018.
<https://web.archive.org/web/20180928192207/http://www.acuwithoutborders.org/about/mission-history/>.
- Admin@AcuWithoutBorders.org. "Acupuncturists Without Borders." Originally written December 17, 2017. Accessed August 21, 2018.
<https://web.archive.org/web/20180821194249/http://www.acuwithoutborders.org/acupuncture-for-trauma/>.
- Adult Children of Alcoholics World Service Organization. *Adult Children of Alcoholics/Dysfunctional Families*. Torrance: Adult Children of Alcoholics World Service Organization, Inc., 2006.
- Alexander, Wanda. "Faith Community Nurse Network (FCNN)." Originally written September 29, 2017. Accessed August 21, 2018.
<https://web.archive.org/web/20180821191257/https://www.fcnn.org/about-us/>.
- Amaro, John. "Battlefield Acupuncture for the Clinical Practitioner." *Acupuncture Today* 10, no. 4. Originally written 2009. Accessed August 25, 2018.
<https://web.archive.org/save/https://www.acupuncturetoday.com/mpacms/at/article.php?id=31917>.
- American Nursing Association. *Faith Community Nursing: Scope and Standards of Practice*, 3rd Edition. Silver Spring: American Nursing Association and the Health Ministries Association, 2017.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders III*. New York: Springer Publishing, 1980.
- Barna Research Group. *The State of Pastors: How Today's Faith Leaders are Navigating Life and Leadership in an Age of Complexity*. Ventura: Barna Group, 2017.
<https://web.archive.org/web/20180922194915/https://www.barna.com/burnout-breakdown-barnas-risk-metric-pastors/>.
- Barker, Renate and Alexander Kober, "Out-of-hospital Auricular Acupressure in Elder Patients with Hip Fracture: A Randomized Double-Blinded Trial," *Academic Emergency Medicine* 13 no. 1 (2006), 19-23.
<https://doi.org/10.1197/j.aem.2005.07.014>.
- Barnard, Laura K. and John F. Curry, "The Relationship of Clergy Burnout to Self-Compassion and Other Personality Dimensions," *Pastoral Psychology* 61 (2011), 149-163. <http://dx.doi.org/10.1007/s11089-011-0377-0>.
- Bauchner, Howard. "Health Care in the United States: A Right or a Privilege." *JAMA*. 2017;317(1):29. doi:10.1001/jama.2016.19687.

- <https://web.archive.org/web/20181012194803/https://jamanetwork.com/journals/jama/fullarticle/2595503>.
- Baylor, Barbara T. "Official United Church of Christ Position on Faith Community Nursing." *United Church of Christ*. Originally written April 10, 2015. Accessed August 25, 2018.
https://web.archive.org/web/20180825202919/http://www.ucc.org/justice_health_why-a-health-ministry.
- "Beth El Synagogue Congregational Nurse." Beth El Synagogue. Originally written June 20, 2015. Accessed August 25, 2018.
<https://web.archive.org/web/20180825194532/https://www.besyn.org/community/caring-repairing/congregational-nurse/>.
- Bowman, Joel. "Rh-immunization during pregnancy: antenatal prophylaxis." *Canadian Medical Association Journal* 118 no. 6 (1978): 627–30.
https://web.archive.org/web/*/https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1818025/pdf/canmedaj01418-0023.pdf.
- Britannica, Encyclopædia, ed. *Ebers papyrus*. London: Encyclopædia Britannica Inc. Originally written 2018. Accessed August 1, 2018.
<https://web.archive.org/web/20190310014257/https://www.britannica.com/topic/Ebers-papyrus>.
- Brown, Colin, ed. *New International Dictionary of New Testament Theology*. Vol. 2. Grand Rapids: Zondervan, 1986.
- Bush, George W. "Executive Order 13198—Agency Responsibilities with Respect to Faith-Based and Community Initiatives." *The American Presidency Project*. Originally written January 29, 2001.
<https://web.archive.org/web/20180925183027/http://www.presidency.ucsb.edu/ws/?pid=45708>.
- Colorado Acupuncture MRC. Accessed September 25, 2018.
<https://web.archive.org/web/20180925212118/http://www.coloradoacupuncturemrc.org>.
- Cabaj, Robert Paul, and Terry S. Stein. *Textbook Homosexuality and Mental Health*. Washington: American Psychiatric Press, 1996.
- Campbell, Alastair V. *Health as Liberation: Medicine, Theology, and the Quest for Justice*. Cleveland: The Pilgrim Press, 1995.
- Cardenal, Ernesto. *El Evangelio en Solentiname*. Managua: Pueblo de Nicaragua, 1975–77.

- Carter, Kenneth O. and Michelle Olshan-Perlmutter. "Impulsivity and Stillness: NADA, Pharmaceuticals, and Psychotherapy." *Behavioral Sciences* 5 (2015): 537–46. <https://doi.org/10.3390/bs5040537>.
- Center for Faith-Based and Neighborhood Partnerships (CFBNP). "About Faith-based and Neighborhood Partnerships." U.S. Department of Health & Human Services. Originally written October 26, 2017. <https://web.archive.org/web/20180915203618/https://www.hhs.gov/about/agencies/iea/partnerships/about-the-partnership-center/index.html>.
- Chang, Bei-Hung and Elizabeth Sommers. "Acupuncture and Relaxation Response for Craving and Anxiety Reduction Among Military Veterans in Recovery from Substance Use Disorder." *The American Journal on Addictions* 23 no. 2 (2013): 129–36. <https://doi.org/10.1111/j.1521-0391.2013.12079.x>.
- Chang, Ling-hua and Chung-Hua Husu. "Auricular Acupressure for Managing Postoperative Pain and Knee Motion in Patients with Total Knee Replacement: A Randomized Sham Control Study." *Evidence-Based Complementary and Alternative Medicine* 2012, Article ID 528452 (2012). <https://doi.org/10.1155/2012/528452>.
- Chase-Ziolek, Mary. *Health, Healing & Wholeness: Engaging Congregations in Ministries of Health*. Cleveland: The Pilgrim Press, 2005.
- Cipriano, Pamela F. "Faith, Community, and Health: Partnerships with Good Neighbors." *American Nurse Today* 9 no. 2 (February 2014). https://web.archive.org/web/20160401000000*/https://www.americannursetoday.com/faith-community-and-health-partnerships-with-good-neighbors/.
- Clinebell, Howard. *Basic Types of Pastoral Care and Counseling*. Nashville: Abingdon Press, 1984.
- Collins, Gary R, ed. *Helping People Grow: Practical Approaches to Christian Counseling*. Berlin: Vision House, 1980.
- Cooper, Jennifer and Wendy Zimmerman. "The Effect of a Faith Community Nurse Network and Public Health Collaboration on Hypertensive Prevention and Control." *Public Health Nurses* (2017): 1–10. <https://doi.org/10.1111/phn.12325>.
- Craik, Elizabeth Mary. "Hippocratic Bodily Channels and Oriental Parallels." *Medical History* 53 no. 1 (2009): 105–16. <https://doi.org/10.1017/S0025727300003331>.
- De Lorent, Lukas, Agorastos Agorastos, Alexander Yassouridis, Michael Kellner, and Christoph Muhtz. "Auricular Acupuncture Versus Progressive Muscle Relaxation in Patients with Anxiety Disorders or Major Depressive Disorder." *Journal of Acupuncture and Meridian Studies* 9 (2016):191–99. <https://doi.org/10.1016/j.jams.2016.03.008>

- De Valois, Beverley, Teresa E. Young, Nicola Robinson, Christine McCourt, and Elizabeth Jane Maher. "NADA Ear Acupuncture for Breast Cancer Treatment." *Medical Acupuncture* 24 no. 4 (2012): 256–68. <https://doi.org/10.1089/acu.2012.0897>.
- Dearmer, Percy. *Body and Soul*. London: Sir Isaac Pitman & Sons, 1909.
- Evans, Abigail Rian. *Redeeming Marketplace Medicine: A Theology of Health Care*. Cleveland: The Pilgrim Press, 1999.
- Flinders, Tim, Madeline Gershwin, and Rick Flinders. *The Rise Response*. New York: The Crossroad Publishing Company, 1994.
- Fonda, Jane. "Life's Third Act." TED Conference. Originally written 2011. Accessed August 31, 2018. https://web.archive.org/web/20180831210122/https://www.ted.com/talks/jane_fonda_life_s_third_act/transcript.
- Freudenberger, Herbert J. "Staff Burnout." *Journal of Social Issues* 30 no. 1 (1974): 159–65. <https://doi.org/10.1111/j.1540-4560.1974.tb00706.x>.
- General Synod 21. "General Synod 21-Reclaiming the Church's Ministry on Health and Healing." United Church of Christ. Accessed August 30, 2018. https://web.archive.org/web/20180830202150/http://www.ucc.org/justice_health_general-synod-21-reclaiming.
- Gutiérrez, Gustavo Merino. *Teología de la Liberación: Perspectivas*. Lima: Centro de Estudios y Publicaciones, 1971.
- Health Ministries Association, Inc. "What is Health Ministry?" Accessed September 25, 2018. <https://web.archive.org/web/20180925205027/https://hmassoc.org/about-us/what-we-do/>.
- Heyward, Carter. *A Priest Forever*. New York: Harper & Row, 1976.
- Hickman, Janet S. *Faith Community Nursing*. Philadelphia: Lippincott Williams & Wilkins, 2006.
- Hodges, Glenda F. and Harold B. Betton. *Spirituality and Medicine: Can the Two Walk together?* Bloomington: AuthorHouse, 2008.
- Hurding, Roger F. *The Tree of Healing*. Grand Rapids: Zondervan Publishing House, 1985.
- Kapic, Kelly M. *Embodied Hope: A Theological Meditation on Pain and Suffering*. Kindle Edition. Downers Grove: InterVarsity Press, (2017).

- Kelsey, Morton T. *Healing & Christianity: The First Comprehensive History of Healing in the Christian Church from Biblical Times to the Present*. New York: Harper & Row Publishers, Inc., 1973.
- Khazan, Olga. "The 3 Reasons the U.S. Health-Care System Is the Worst." *The Atlantic*. June 22, 2018. Accessed Oct 12, 2018.
<https://www.theatlantic.com/health/archive/2018/06/the-3-reasons-the-us-healthcare-system-is-the-worst/563519/>.
- Khullar, Dhruv. "Do You Trust the Medical Profession?" *The New York Times*. January 23, 2018.
- Kinsey, Alfred. *Sexual Behavior in the Human Male*. Philadelphia: Saunders Publishing, 1948.
- Kinsey, Alfred. *Sexual Behavior in the Human Female*. Philadelphia: Saunders Publishing, 1953.
- Koenig, Harold G. *Medicine Religion and Health: Where Science and Spirituality Meet*. West Conshohocken: Templeton Foundation Press, 2008.
- Lang, Thomas Allen and Michelle Secic. *How to Report Statistics in Medicine*. Philadelphia: American College of Physicians, 2006.
- Levin, Jeff. *God, Faith, and Health: Exploring the Spirituality-Healing Connection*. New York: John Wiley & Sons, Inc., 2001.
- Lovering, Sandra. "The Crescent of Care: A Nursing Model to Guide the Care of Arab Muslim Patients." *Diversity & Equality in Health and Care* (May 13, 2012): 1–11.
<https://web.archive.org/web/20180825200825/http://diversityhealthcare.imedpub.com/the-crescent-of-care-a-nursing-model-to-guide-the-care-of-arab-muslim-patients.php?aid=1787>.
- Misselbrook, David. "W is for Wellbeing and The WHO Definition of Health." *British Journal of General Practice* (Royal College of General Practitioners) 64 no. 628 (2014): 582.
<https://web.archive.org/web/20180821185348/https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4220217/>.
- Mitchell, Elinor R. *Fighting Drug Abuse with Acupuncture: The Treatment That Works*. Berkeley: Pacific View Press, 1995.
- Mohrmann, Margaret E. *Medicine as Ministry*. Cleveland: The Pilgrim Press, 1995.
- Mooney, James. *The Swimmer Manuscript: Cherokee Sacred Formulas and Medicinal Prescriptions*. Washington DC: United States Government Printing Office, 1932.

<https://web.archive.org/web/20180821192436/https://ia800202.us.archive.org/27/items/swimmermanuscrip00moon/swimmermanuscrip00moon.pdf>.

National Acupuncture Detoxification Association. "NADA MRC Handout: Ear Acupoints for Trauma Recovery and Healing." Accessed September 25, 2018. <https://web.archive.org/web/20180925162906/https://www.acudetox.com/phocadownload/Resources/MRC-NADA%20Handout%20Ear%20Acupoints%20for%20Trauma%20Recovery-Finalv2.pdf>.

National Acupuncture Detoxification Association. "NADA Regulations." Accessed September 25, 2018. <https://acudetox.com/resources/regulations/>.

National Institutes of Health, "Acupuncture," *National Institutes of Health Consensus Development Conference Statement* (November 3-5, 1997): 1-34.

National Wellness Institute. "About Wellness." Accessed August 1, 2018. <https://web.archive.org/web/20180821183728/https://www.nationalwellness.org/page/AboutWellness>.

Newberg, Andrew and Mark Robert Waldman. *How God Changes Your Brain: Breakthrough Findings from a Leading Neuroscientist*. New York: Random House, Inc., 2009.

Nogier, Paul. "Acupuncture of the Ear Pavilion [in German]." *Deutsche Zeitschrift für Akupunktur* (DZA) Band VI (1957): 25–35.

Nogier, Raphaël. "How Did Paul Nogier Establish the Map of the Ear?" *Medical Acupuncture* 26 no. 2 (2014). <https://doi.org/10.1089/acu.2014.1035>

Oates, Wayne E. and Charles E. Oates. *People in Pain: Guidelines for Pastoral Care*. Philadelphia: The Westminster Press, 1985.

Oleson, Terry. *Auriculotherapy Manual: Chinese and Western Systems of Ear Acupuncture*. New York: Churchill Livingstone Elsevier, 2014.

Patterson, Deborah L. *Health Ministries: A Primer for Clergy and Congregations*. Cleveland: The Pilgrim Press, 2008.

Plaskow, Judith, and Joan Arnold Romero. *Women and Religion: Papers of the Working Group on Women and Religion, 1972–73*. Chambersburg: American Academy of Religion, 1974.

Qu, Fan and Dan Zhang. "Auricular Acupressure Reduces Anxiety Levels and Improves Outcomes of in Vitro Fertilization: A Prospective, Randomized and Controlled Study." *Scientific Reports* 4 no. 5028 (2014): 1–7. <https://doi.org/10.1016/j.fertnstert.2013.07.1808>

- Radebach, Mary. "Whatever it takes: Medical Reserve Corps Volunteers Leverage Eastern Tradition to Aid Behavioral Health After Disasters." *Public Health Emergency*, US Dept of Health and Human Services. Originally written August 16, 2017. Accessed August 21, 2018.
<https://web.archive.org/web/20180821193818/https://www.phe.gov/ASPRBlog/Lists/Posts/Post.aspx?ID=276>.
- Reilly, Patricia M., Teresa M. Buchanan, Carol Vafides, Suellen Breakey, Patricia Dukes. "Auricular Acupuncture to Relieve Healthcare Workers' Stress and Anxiety." *Dimensions Critical Care Nurse* 33 no. 3 (2014):151–59.
<https://doi.org/10.1097/DCC.0000000000000039>.
- Rizvi, Sayyid Muhammad. "Health and Wellness in Islam." Accessed August 1, 2018.
<https://web.archive.org/web/20180211193823/http://www.islamicinsights.com:80/religion/clergy-corner/health-and-wellness-in-islam.html>.
- Roberts, Stephen B., Kevin J. Flannelly, Andrew J. Weaver, and Charles R. Rigley, "Compassion Fatigue Among Chaplains, Clergy, and Other Respondents After September 11th." *The Journal of Nervous and Mental Disease* 191 no. 11 (November 2003): 757–58.
<https://doi.org/10.1097/01.nmd.0000095129.50042.30>.
- Romero, Oscar. "La Inglesia Cuya Debilidad se Apoya en Cristo: Quinto Domingo del Tiempo Ordinaria." *La Palabra Viva de Monsen*. Originally written Febrero 5, 1978.
<https://web.archive.org/web/20180903171237/http://servicioskoinonia.org/romero/homilias/A/780205.htm>.
- Rūmī, Jalāl ad-Dīn Muhammad. "Rumi Quotes About Prisons." Originally written September 1207 – December 1273. Accessed September 2, 2018.
<https://web.archive.org/web/20180902202657/https://www.azquotes.com/citation/author/12768>.
- Mohd, Razali Salleh. "Life Event, Stress, and Illness." *Malaysian Journal of Medical Sciences* 15, no. 4 (October 2008): 9–18.
https://web.archive.org/web/20190310021450/https://pdfs.semanticscholar.org/0f3c/b5c429aec279c0f1f83f197944ec039b769a.pdf?_ga=2.71971411.1579009910.1552163082-325644756.1552163082.
- Satcher, David. "Engaging Faith Communities as Partners in Improving Community Health." *Atlanta: Centers for Disease Control and Prevention (US), Public Health Practice Program Office* (1999): 2–3.
<https://stacks.cdc.gov/view/cdc/21946>.
- Sheehan, Barbara "Challenges, Dangers, Benefits of Attending to Social Crisis and Justice Issues in CPE Formation for Ministry." In *Compassion For One Another in the Global Village*, edited by Ulrike Elsdorfer and Takaaki David Ito, 100–113. Zweigniederlassung Zurich: Lit Verlag GmbH & Co., 2016.

- Simpson, John and Edmund Weiner, eds. *The Oxford English Dictionary*. Oxford: Oxford University Press. Originally published February 1, 1884.
- Smith, Michael. "The Use of Acupuncture in Addiction Treatment Programs." *Huffington Post*, July 16, 2012.
<https://web.archive.org/web/20190310021733/https://www.nyaprs.org/e-news-bulletins/2012/hp-the-use-of-acupuncture-in-addiction-treatment-programs>.
- Smith, Sybil D., ed. *Parish Nursing: A Handbook for the New Millennium*. Binghamton: The Haworth Pastoral Press, 2003.
- Sölle, Dorothee. *The Mysticism and Resistance*. Minneapolis: Fortress Press, 2001.
- Strong, James. *Strong's Greek Dictionary of the Bible*. Kindle Edition. Chicago: Miklal Software Solutions, Inc., 2011.
- The Nursing Care Quality Assurance Commission. "Medical Acupuncture: Scope of Practice for Advanced." *Department of Health Nursing Care Quality Assurance Commission. Washington State Department of Health*. Originally written November 17, 2017. Accessed August 21, 2018.
<https://web.archive.org/web/20180821191036/https://www.doh.wa.gov/Portals/1/Documents/6000/NCAO12.pdf>.
- Totton, Nick. *New Dimensions in Body Psychotherapy*. London: Open University Press/McGraw-Hill, 2005.
- Trump, Donald J. "Executive Order on the Establishment of a White House Faith and Opportunity Initiative." *The White House: Law & Justice* (May 3, 2018).
<https://web.archive.org/web/20180925182426/https://www.whitehouse.gov/presidential-actions/executive-order-establishment-white-house-faith-opportunity-initiative/>.
- Tubesing, Donald A., Paul C. Hollinger, Granger E. Westberg, and Edward A. Lichter. "The Wholistic Health Center Project: An Action-Research Model for Providing Preventive, Whole-Person Health Care at the Primary Level." *Medical Care* 15 no. 3 (1977): 217–27. <http://www.jstor.org/stable/3763633>.
- Tweedie, Donald F. *Logotherapy: An Evaluation of Frankl's Existential Approach to Psychotherapy*. Grand Rapids: Baker Book House, 1961.
- Utay, Joe and Megan Miller, "Guided Imagery as an Effective Therapeutic Technique: A Brief Review of its History and Efficacy Research," *Journal of Instructional Psychology* 33 no. 1 (2006): 1-5.
- Vaux, Kenneth L. *Health and Medicine in the Reformed Tradition*. New York: The Crossroad Publishing Company, 1984.

- Wall, James M., ed. "Congregations and Health." *The Christian Century* 108 no. 36 (1991): 1159–1160.
- Wang, Shu-Ming and Zeev Kain, "Auricular Acupuncture: A Potential Treatment for Anxiety," *Anesthesia & Analgesia* 92 no. 2 (2001): 548-53.
<https://doi.org/10.1213/00000539-200102000-00049>.
- Westberg, Granger E. *Good Grief*. Minneapolis: Fortress Press, 1962.
- Westberg, Granger E. *The Parish Nurse: Providing a Minister of Health for Your Congregation*. Minneapolis: Augsburg, 1990.
- Westberg, Granger E. *When Minister and Doctor Meet*. New York: Joanna Cotler Books, 1961.
- Westberg, Granger E. "A Personal Historical Perspective of Whole Person Health and the Congregation." In *Parish Nursing: Promoting Whole Person Health within Faith Communities*, edited by Phyllis Ann Solari-Twadell and Mary Ann McDermott, 35–42. Thousand Oaks: Sage Publications, 1999.
- Westberg, Jane. *The Life and Work of Granger Westberg*. Memphis: Church Health, 2015.

Appendix A: Healing in the Gospels

Dearmer, Percy. 1909. *Body and Soul*. London: Sir Isaac Pitman & Sons, 150-152.

TABLE OF THE HEALING WORKS OF CHRIST.						
No.	Miracles.	S. Matt.	S. Mark.	S. Luke.	S. John.	Place.
1	Man with Unclean Spirit		1 ²³	4 ³⁸		Capernaum
2	Peter's Wife's Mother	8 ¹⁴	1 ³⁰	4 ³⁸		Bethsaida
3	Multitudes	8 ¹⁰	1 ³²	4 ⁴⁰		Capernaum
4	Many demons		1 ³⁰			Galilee
5	The Leper	8 ²	1 ⁴⁰	5 ¹²		Gennesaret
6	The Man Sick of the Palsy	9 ²	2 ³	5 ¹⁷		Capernaum
7	The Man with Withered Hand	12 ⁹ 12 ¹⁵	3 ¹ 3 ¹⁰	6 ⁶		Capernaum Gennesaret
8	Multitudes					
9	Gerasene Dæmoniac	8 ²⁸	5 ¹	8 ²⁶		Gadara
10	Jairus' Daughter	9 ¹⁸	5 ²²	8 ⁴¹		Capernaum
11	Woman with the Issue	9 ²⁰	5 ²⁵	8 ⁴³		Gennesaret
12	A few sick folk	13 ⁵⁸	6 ⁶			
13	Multitudes	14 ³⁴	6 ⁵⁶			Gennesaret
						Exorcism. Word
						Touch and word. Prayer of friends
						Touch and word. Faith of friends
						Preaching and exorcism
						Word and touch. Leper's faith. Christ's compassion
						Word. Faith of friends
						Word. Obedient faith
						Exorcism, and healing in response to touch of faith
						Word, exorcism
						Word and touch. Faith of father
						Woman's faith in touching Christ's garments
						Christ's touch. Healing hindered by unbelief.
						Touch of Christ's garment. Friends' faith

TABLE OF THE HEALING WORKS OF CHRIST — *continued.*

No.	Miracles.	S. Matt.	S. Mark.	S. Luke.	S. John.	Place.	Method.
14	Syrophenician's daughter	15 ²²	7 ²⁴			Tyre	Woman's faith. Answer to prayer
15	Man Deaf and Dumb		7 ³²			Decapolis	Word and touch. Friends' prayer
16	Blind Man at Bethsaida		8 ²²			Bethsaida	Word and touch. Gradual healing. Friends' prayer
17	The Lunatic Child...	17 ¹⁴	9 ¹⁴	9 ³⁸		Tabor (?)	Word and touch. Father's faith — failure of disciples
18	Blind Bartimæus	20 ²⁰	10 ⁴⁶	18 ³⁵		Jericho	Word and touch. Man's faith. Christ's compassion
19	Centurion's Servant..	8 ⁶		7 ²		Capernaum	Master's faith. Answer to prayer
20	Two Blind Men.....	9 ²⁷				Capernaum	Word and touch. Men's faith
21	Dumb Dæmoniac.....	9 ³²				Capernaum	Exorcism
22	Blind and Dumb Dæmoniac	12 ²²		11 ¹⁴		Capernaum	Exorcism
23	Multitudes	4 ²³		6 ¹⁷		Galilee	Teaching, preaching, and healing
24	Multitudes	9 ³⁵				Galilee	Teaching, preaching, and healing
25	Multitudes	11 ⁴		7 ²¹		Capernaum	Instances of healing sent as proofs to S. John Baptist in prison
26	Multitudes	14 ¹⁴		9 ¹¹	6 ²	Bethsaida (Julias)	Christ's compassion. Multitudes' need

TABLE OF THE HEALING WORKS OF CHRIST—continued.

No.	Miracles.	S. Matt.	S. Mark.	S. Luke.	S. John.	Place.	Method.
27	<i>Great Multitudes</i> ,	15 ⁸⁰				Decapolis	Faith of friends
28	<i>Great Multitudes</i> ,	19 ²				Judea	
29	<i>Blind and lame in Temple</i>	21 ¹⁴				Jerusalem	Word, Christ's compassion
30	Widow's Son of Nain			7 ¹¹		Nain	Exorcism
31	Mary Magdalene and others			8 ²			
32	Woman with Spirit of Infirmary			13 ¹⁰		Jerusalem	Word and touch, (Bound by Satan 18 years)
33	The Man with Dropsy					Jerusalem	"He took him, and healed him."
34	Ten Lepers,			14 ¹		Samaria	Word, Faith of lepers
35	Malchus			17 ¹¹		Gethsemane	Touch
36	(?) <i>Great Multitudes</i> .			22 ⁴⁹		Gennesaret	(Healing not stated)
37	(?) " <i>Cures</i> " and <i>Demons Cast Out</i>			5 ¹⁶			(Healing not stated)
38	Nobleman's Son,			13 ³²	4 ⁴⁶	Jerusalem	(Healing not stated)
39	Impotent Man at Bethesda					Cana	Word, Father's faith
40	Man Born Blind,				5 ²	Jerusalem	Word, Faith
41	Lazarus				9 ¹	Jerusalem	Word and touch
					11 ¹	Bethany	Word

Appendix B

General Synod 21 (1997) - "Reclaiming the Church's Ministry on Health and Healing"

Background

Health is harmony with self and others, the environment, and with God—a continuum of physical, social, psychological, and spiritual well-being. Health ministry is the promotion of healing and health as wholeness as a mission of a faith community to its members and the community it serves. Health partners are many, both paid and volunteer, laity and clergy, all are committed to sharing the compassionate love and grace of Jesus Christ through the health and healing ministries of the UCC.

The health minister/parish nurse serves as a member of the ministry team of the local church. The health minister (a person having a health care background that may or may not be a parish nurse) facilitates the promotion of health and healing via health educational programs, spiritual care, referrals to appropriate health care providers, as well as through support groups and personal health counseling. The parish nurse, a registered professional nurse, promotes health and wholeness through the practice of nursing as defined by the nurse practice act in the jurisdiction in which he/she practices. Parish nurses' function as health counselors, resource persons, spiritual caregivers, health educators, small group facilitators, and coordinators of health ministry volunteers.

Resolution

WHEREAS, recognizing many illnesses and premature deaths may be prevented by lifestyle choices and belief systems, (i.e. diet, exercise, substance abuse, violence, and risk-taking behaviors), health ministers/parish nurses integrate current medical and behavioral knowledge with the belief and practices of a faith community to prevent illness and promote wholeness; and

WHEREAS, the UCC Statement of Health and Welfare (1985) states that, "Based on our understanding of Shalom—of God's intent for harmony and wholeness within creation—and on the examples of Jesus Christ's ministry which expressed God's intent through acts of love and justice, we must be committed as a church to a mission of Shalom and to a lifestyle compatible with that mission;" and

WHEREAS, essential elements of a health ministry/parish nursing program include (but are not limited to):

- a philosophy of health and wholeness as a part of the faith community's mission;
- a designated person or team to be concerned about health ministry;
- a commitment to continued learning regarding health and wellness issues;
- a process to develop and evaluate health and wholeness goals and objectives;

health education and programming according to assessed health needs of the congregation;

awareness of health and wellness celebrations designated in the UCC calendar; and

WHEREAS, General Synod Eighteen (June 1985) adopted the "Mission Statement on Health and Welfare" which states that: It is clear that the whole church is involved in this mission (in health and welfare). Whether represented in local churches, associations, conferences, or national level bodies the whole church is itself the creation of God's compassionate mercy in Christ, and as such, the instrument of God's intention for all humankind. (II Corinthians 5:13-21); and

WHEREAS, good health is a part of God's intention for all people, health involves the whole person—body, mind, and spirit and healing and health care are valid ways of proclaiming the Gospel and ministering in the name of Jesus Christ; and

WHEREAS, the Gospel proclaims that health is a relationship to God set forth in Baptism and Holy Communion in which God makes wholeness as the Divine Gift.

The wholeness ascribed by God as a gift recognizes that illness and disability exist, but the presence of these does not define the individual in the sight of God, or limit the ability of such individuals to be in a whole relationship with God; and

WHEREAS, the United Church of Christ recognizes that God calls certain of its members to various forms of ministry in and on behalf of the church for which ecclesiastical authorization is recognized by commissioning, licensing, and ordination; health ministers and parish nurses may feel called to one of these authorized ministries; and

THEREFORE, BE IT RESOLVED, the Twenty-first General Synod encourages local congregations to develop/include in their mission a commitment to health and wholeness, engage health and wholeness issues through an ongoing health cabinet/health ministry team, and consider the implementation of a health ministry/parish nurse program.

BE IT FURTHER RESOLVED, the Twenty-first General Synod calls upon the United Church Board for Homeland Ministries and Office of Church Life and Leadership, in conjunction with conferences, United Church of Christ seminaries, the Council on Health and Human Services Ministries and local congregations, to begin and/or continue to develop resources that support the development and enrichment of health ministry programs in local churches; and

BE IT FURTHER RESOLVED, the Twenty-first General Synod calls upon conferences and associations to:

1. Establish or designate a body to address health and human service issues confronting members and their communities; and
2. Recognize health ministry and parish nursing as a specialized ministry; and

BE IT FURTHER RESOLVED, the Twenty-first General Synod calls upon the Office of Church Life and Leadership to recognize and consider including health ministry/parish nursing in the listing of specific church-related ministries qualifying for commissioned ministry, and to consider developing guidelines and educational standards to be included in the United Church of Christ Manual on Ministry.

Subject to the availability of funds.

Appendix C

Official United Church of Christ position on Faith Community Nursing.

Why a health ministry?

I weep for the hurt of my people; I stand amazed silent, dumb with grief. Is there no medicine in Gilead? Is there no physician there? Why doesn't God do something? Why doesn't He help? —Jeremiah 8:21-22 (Living Bible Translation)

Today many Americans die and are disabled from health conditions that are greatly impacted by lifestyle behaviors. In fact, 54% of our health status is a result of lifestyle choices. These conditions might be prevented or better managed if we 1) knew the risks associated with many health problems, 2) believed that healthy activities could be beneficial, and 3) could receive appropriate health care services and resources. Lifestyle changes that can improve the quality of life have been identified as engaging in consistent moderate exercise; cessation from smoking and other addictions; consuming a diet high in fiber, and low in fat and cholesterol; increasing social support; and actively managing stress.

Today, several of the leading causes of death—Heart Disease, Cancers, Strokes, Injuries, Chronic Lung Disease, Pneumonia/Influenza, Diabetes, Suicide, HIV/AIDS, Homicide, Liver Disease—are considered "lifestyle" diseases because they could be reduced through common sense changes in lifestyle. Oftentimes we speculate on or presume to know the causes of these "lifestyle" diseases and disabilities from specific behaviors exhibited by the individual at risk. For example, the person who suffers a heart attack might consume a diet high in saturated fat, engage in little or no exercise and might smoke. The person involved in a motor vehicle accident might have been speeding or consuming alcohol. Perhaps the person was not wearing a seatbelt. These are examples of things that we observe and speculate on and, when a family member, loved one or friend whose death, disease, disability is caused by a specific behavioral action, we discuss and share with one another our own need to "do better" or admit that we "need to make some changes." Sadly, the time for making needed changes in our own lives gets pushed on the back burner until a crisis hit.

And then there are those diseases that often go undetected until it is too late—sadness, loneliness, hopelessness, helplessness, love lessness, insecurities, personal guilt and persecution, abandonment, discouragement, low self-esteem and image, stress, depression, and a broken heart (to name a few). These are symptoms of pending disability and serious health change if they continue to go undetected. These are the diseases that we often cannot readily observe. They are masked. People are masking these emotions because they fear rejection if anyone really knew what they were going through—if anyone knew the "real deal". People are masking these emotions because society teaches us to be strong and to "pull ourselves up by our own bootstraps". We are taught to laugh on the outside and not to let anyone see us cry. There is so much pain. Pain so deep that we cannot pull ourselves up or call out for help to anyone. We cry out in anguish "Oh God, help me"!

It is in the context of these often "undetected" diseases that the emotional, mental and spiritual dimensions of health must further emerge. It is in these three dimensions that the church must take the lead role. For many, health is narrowly defined and specifically targeted to one dimension—the physical. Health consists of five dimensions—physical, social, emotional, mental, and spiritual. An individual is considered healthy when all these dimensions are working together in harmony. Because healing does not necessarily mean curing (as we tend to think), a Health Ministry in a congregation involves emotional, mental and spiritual healing which can occur during illness even when curing of the disease is not present. Galatians 5:15 reminds us to "Love our neighbors, as ourselves". As Christians we are called to love as Jesus Christ has loved. We are called to service, as Jesus Christ served. We have the responsibility to minister to those in need. In the parable of the sheep and the goats (Matthew 25:37-40) Jesus invites the righteous (the sheep)

to receive their inheritance by entering the kingdom which has been prepared for them because of their faithful service and unselfish, compassionate giving. ("I tell you the truth, whatever you did for one of the least of these brothers of mine, you did it for me"). We should strive to be sheep.

Can the church make a difference in reducing disability and death? The church today still represents a natural point of reference for many communities. It is because it is a natural reference point that focusing health promotion and disease prevention activities should be given careful thought. "We are finding that all the 'expert and expensive health care solutions' still do not guarantee better health outcomes and quality of life. It may be that to mobilize, educate, and coordinate resources through congregations works better". It is not a new idea for churches to develop health programs whose purpose is to have an impact upon the most significant health risks and crippling health conditions in congregations. However, it is an increasingly important one as health care funding and services gradually shrink. Local churches can help address the need for more appropriate and accessible health care services and the inadequacy of our health care system. In addition, the local church can bring a holistic perspective to an understanding of health as being in harmony with self, others, the environment, and God. Health is a continuum of physical, social, psychological, and spiritual well-being.

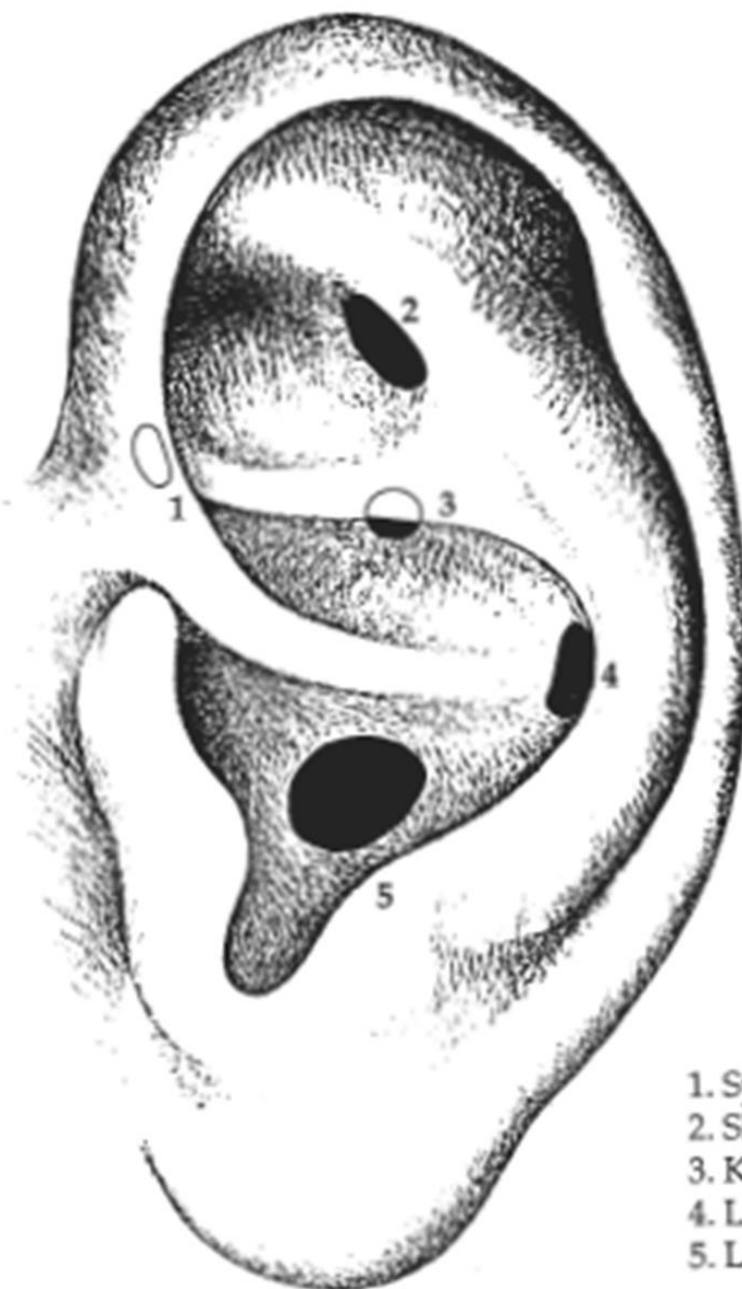
Today, social service and social action are seen as integral and complementary forms of ministry. Church-related social services and institutions serve many needs. Church-related social action and policy formation cover a wide range of contemporary issues which include urban life, poverty, housing, health care, family life, women's issues, child care, aging, hospice, racial and ethnic concerns, needs of handicapped persons, peace, and refugees and immigration. As both social services and social action ministries remain faithful to God's vision of shalom, they will respond to the changing needs and new possibilities among people and within society, working always toward liberation from life's bondage and reconciliation of the alienated. The development of health ministries within the congregation helps focus the members' awareness on the essential Christian ministry of health and healing.

When health ministries are an essential part of congregational life, the members:

- A. Find opportunities to volunteer their help to those who are in the hospital, or those who are home bound or living in residential care centers;
- B. Have the opportunity to learn about wellness and disease prevention. Healthy lifestyle choices are promoted through seminar and workshops, giving information in such areas as exercise, nutrition and handling stress;
- C. Through health screening, make early detection and treatment possible; and
- D. Provide appropriate resources and advocacy to individuals and community.

A health ministry can promote healing and health as wholeness, as a mission of a faith community to its members and the community it serves. This takes a variety of people, paid and volunteer, laity and clergy, all committed to sharing the compassionate love and grace of Jesus Christ.

As we weep for the hurt and pain of each as we stand in amazement, silent, and dumb with grief; as we wonder if there is medicine in Gilead; as we wonder if there is a physician there; as we wonder if God is going to do something or if God will help, God will, for God is the ultimate Balm in Gilead. But, God also wants us to be a Balm, a healing salve. Developing a health ministry does not require vast sums of money. It only requires us to become the body of Christ. We must have the compassion of Christ, the heart of Christ, the soul of Christ, and most importantly, the love of Christ.



National Acupuncture Detoxification Association
Auricular Protocol

Appendix D

Appendix E

SheDoc's Imagery Script as used in study.

Prepare yourself for an experience of peace and calm. Sit or lie down in a comfortable position. Loosen any constrictive clothing and begin to shed the cares that keep you from feeling your best. Take a nice deep breath through your nose and hold it for a few seconds... and let it out through your mouth with a sigh. Again, inhale through your nose and let go of the breath with a relaxing sigh. Do this a few times, and each time, let the relaxation that you are beginning to feel grow a little deeper.

Now use your mind to scan your body for tension. Starting at the top of your head and slowly working down to the soles of your feet, notice wherever your muscles are holding on. Wherever you feel tightness or hardness, invite in looseness and softness. Your muscles have no need to work hard right now, so let them have some time off. Invite your muscles to become soft and flexible. They are strong when they need to be, but right now they rest with the gentleness of a flower floating on water.

As you scan your body, you let go, and your body settles into a comfortable position with no holding on, no grasping, just peace and alignment with the forces of nature.

Your breath is calm and relaxed. Your head and arms and legs and torso have settled in gently to a position of complete relaxation.

Now create in your mind an image of a beautiful place. This is a special place that you can go to in your mind to find refuge from your cares. You might select a tropical beach, a mountain meadow, or a forest glade. Maybe it is a lovely garden or some other place of significance to you. See yourself in this place on a perfect summer day.

The sky is blue and there are a few white puffy clouds. You can feel a gentle breeze on your skin. The temperature is just right for you to be perfectly comfortable. You can hear nearby the sound of water. Take a moment to listen. What else can you hear?

Perhaps you can hear the gentle call of birds or the rustling of leaves. What can you smell in this place? Is there a scent, perhaps of flowers in the breeze?

Spend as much time as you like in this place. Rest. Be at peace and know that you can come back here any time you wish for respite and relaxation.

When you are ready, in your mind, look for a foot path that leads away from the spot where you have been resting. Take a walk on this path. It will take you to another place, also a peaceful place, but this is a place to meet someone very special. Here you will meet a being of great wisdom and love. Follow the path in your mind until it comes to an open space. See this place as covered with grass, and on the grass is an

exquisitely woven carpet. Upon the carpet rest several silk pillows. You know in your mind that you are to make yourself comfortable on the carpet and pillows. So, situate yourself in this meeting place and know that this place and everything there is for you to

use as you see fit. Look around and see what is there. Everything is bright and colorful. You see green grass and green leaves. Flowers bloom, and their scent is very pleasant.

Imagine now that you are inviting into this wonderful place a being of great wisdom and compassion. Because you seek understanding, this Being is pleased to come to you. Soon you find that seated across from you is Someone whose heart is full of love and whose mind is pure and wise. You look into their eyes and see love. It is as if their whole body radiates light and love. From the area of their heart a bright light shines directly into your heart. You feel in that light a warm and kindly energy. A sense of well-being builds in your heart and spreads through your whole body. From top to bottom you are filled with loving light that glows into every cell of your body. Every cell, every molecule in your body is touched by healing love.

Now perhaps you have a question for this wise one. Perhaps something has been troubling you and you need an answer. Perhaps some thought or emotion has been a stumbling block to your development. You are free to ask whatever you would like.

Form your question and then listen very carefully. Take as much time as you need. It is possible that this is not the time for you to have an answer, but if it is the time, see what presents itself. The answer may come as a thought. You might hear words in your mind or see an image. Be open to whatever arises from the source of wisdom.

Feel free to have a dialogue with this friendly being with whom you share this special place. Perhaps you would like to spend time with them quietly. When you feel that you are finished, prepare to leave this place. Return your attention to your body. Feel yourself in your body. Take a deep breath and let it out. Clench your fists. Stretch your arms and legs and open your eyes.